



# DISCOVER SCUBA DIVING REGISTRATION FORM

One form per person, please print in CAPITAL letters  
Please complete ALL areas that are in RED

*First Name	*Last Name	*Date of experience
*Email		*Date of Birth (participant)
*Address		*Age (participant)
*Post Code	*City	*Sex (participant) M / F
*Phone		

### \*Data Protection

Your personal information, including a valid email address is required for PADI's Quality Management process. Visit padi.com for PADI's privacy policy. Your details will be held and used by PADI to administer your registration. We may pass on your data to any relevant regulator &, if you have given us your permission, your details may also be used by us and other carefully selected third parties for marketing purposes. If you do not wish PADI and / or third parties to contact you about other goods and services provided, please tick the relevant box.

- I choose NOT to receive marketing related mailings from PADI.  
 I choose to receive mailings from PADI Partners, such as Project AWARE and selected third parties.

Emergency Treatment Consent and Child Protection Act for participants 10 to 18 yrs old. Parent/Guardian to sign\*.

*Parent/Guardian Name	*Phone
*Address	*Post Code

### Emergency Treatment Consent.

I affirm I am the parent and/or legal guardian of (name of minor) \_\_\_\_\_ . As the parent/guardian, I hereby authorise all professional staff of Scubaducks Dive Centre Ltd and/or its agents, employees or assigns, to seek medical treatment for (name of minor) \_\_\_\_\_ , as a result of an accident or illness while under the supervision of all professional staff of Scubaducks Dive Centre Ltd.

I authorise the treatment of (name of minor) \_\_\_\_\_ , by a qualified & licensed physician in the event of a medical emergency which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

Specific medical allergies, medicine being taken or other conditions physician should be aware of (if none please write NONE) \_\_\_\_\_

I have fully informed myself of the contents of this Emergency Treatment Consent Form by reading it before signing it.

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Parent / Guardian Signature

Date \_\_\_\_\_  
Day / Month / Year

### Child Protection Act - Please read carefully and sign your acceptance below.

#### THE LAW. Please read carefully and sign your acceptance below.

Legal requirements state that no adult is allowed to touch in any physical way or form, any child under the age of 16.

By signing this form I / we understand that due to the nature of Scuba Diving it is essential for the staff of Scubaducks Dive Centre Ltd be allowed to help / assist my / our child named above, for safety reasons in the water. I / we understand that this assistance may involve physical contact and agree to allow this only when strictly necessary and appropriate.

I / we understand that as parent or guardian of the minor child we are responsible for my / our child's protection whilst participating in scuba activities. I / we agree to ensure that my / our child arrives safely at the pool and will attend the pool side at all times the child is in the water.

#### POOL CHANGING ROOMS

The changing facilities, toilets, and showers on site are of a communal nature. I / we understand that Scubaducks Dive Centre Ltd staff are unable to accompany children in these areas and cannot be held responsible for their safety.

I / we understand that Scubaducks Dive Centre Ltd want my / our child to enjoy the experience as much as possible in a safe and responsible manner. I / we agree to abide by the above requirements and will take the necessary precautions to ensure the safety of my / our child. I / we also agree to discuss any doubts and concerns with Scubaducks Dive Centre Ltd staff.

By signing below I / we agree to the above in its entirety.

\_\_\_\_\_  
Parent / Guardian Name

\_\_\_\_\_  
Parent / Guardian Signature

Date \_\_\_\_\_  
Day / Month / Year

# PADI Discover Scuba® Diving Participant Statement

Read the following paragraphs carefully.

This statement, which includes a Medical Questionnaire, a Liability Release and Assumption of Risk Agreement (Statement of Risks and Liability), Non-Agency Disclosure and Acknowledgment and the Discover Scuba Diving Knowledge and Safety Review, informs you of some potential risks involved in scuba diving and of the conduct required of you during the PADI Discover Scuba Diving program. If you are a minor, your parent or guardian must read this Guide and sign on the back panel.

You will also need to learn important safety rules regarding breathing and equalization while scuba diving from the PADI Professional. Scuba diving and the use of scuba equipment without proper supervision or instruction can result in serious injury or death. You must be instructed in its use under the direct supervision of a qualified instructor.



## PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this program.

The purpose of the Medical Questionnaire is to find out if you should be examined by a physician before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your PADI Professional will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

- Do you currently have an ear infection?
- Do you have a history of ear disease, hearing loss or problems with balance?
- Do you have a history of ear or sinus surgery?
- Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
- Do you have a history of respiratory problems, severe attacks of hayfever or allergies, or lung disease?
- Have you had a collapsed lung (pneumothorax) or history of chest surgery?
- Do you have active asthma or history of emphysema or tuberculosis?
- Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
- Do you have behavioral health, mental or psychological problems or a nervous system disorder?
- Are you or could you be pregnant?
- Do you have a history of colostomy?
- Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
- Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
- Are you over 45 and have a family history of heart attack or stroke?
- Do you have a history of bleeding or other blood disorders?
- Do you have a history of diabetes?
- Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?
- Do you have a history of back, arm or leg problems following an injury, fracture or surgery?
- Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

# Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including \_\_\_\_\_ store/resort \_\_\_\_\_ and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI EMEA Ltd., PADI Americas, Inc., or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff.

## Statement of Risk and Liability

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving programme at your own risk.

Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your instructor. If you are a minor, this form must also be signed by a parent or guardian.

### Warning

Skin and scuba diving have inherent risks which may result in serious injury or death.

Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. Open water diving trips that are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history.

## Acceptance of Risk

I understand and agree that neither the dive professionals conducting this programme, \_\_\_\_\_ instructor(s) \_\_\_\_\_, nor the facility through which this programme is conducted, \_\_\_\_\_ store/resort \_\_\_\_\_, nor PADI EMEA Ltd., nor PADI Americas, Inc. nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns accept any responsibility for any death, injury or other loss suffered by me to the extent that it result from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals conducting this programme, \_\_\_\_\_ instructor(s) \_\_\_\_\_, the facility through which this programme is offered, \_\_\_\_\_ store/resort \_\_\_\_\_, PADI EMEA Ltd., PADI Americas, Inc. and all parties referred to above, my participation in this diving programme is entirely at my own risk.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND STATEMENT OF RISK AND LIABILITY BY READING BOTH BEFORE SIGNING THESE STATEMENTS.

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of Parent/Guardian (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)