



TRY DIVE BOOKING FORM

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

Name (participant)	Name (parent or guardian)	Date
Address (participant)	Address (parent or guardian)	Date of Birth (participant)
Post Code	Post Code	Age (participant)
Tel (participant)	Tel (parent or guardian)	Sex (participant) M / F
Mobile (participant)	Mobile (parent or guardian)	
Email (participant)		

How did you hear about Scubaducks?	Cost of Experience £30
Date of Try Dive Experience	Deposit (if applicable)
Payment Method Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Voucher <input type="checkbox"/>	BALANCE DUE

Photography

We/parents/guardians or participants might take underwater photography and video on certain courses and experiences. **IF YOU DO NOT WANT YOUR CHILD PHOTOGRAPHED PLEASE ADVISE A MEMBER OF STAFF** & no photographic equipment will be used. By signing this form you give your consent for photographic equipment to be used.

PLEASE READ CAREFULLY & SIGN YOUR ACCEPTANCE AS INDICATED

Participant Statement

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 course 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. This form must also be signed by a parent or guardian.

WARNING

Skin & 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 requires treatment in a recompression chamber. Experience programmes 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 course. You must advise truthfully and fully inform the instructor(s) and facility through which this training is offered of your medical history.

Exclusion of Liability

Neither the instructor(s), all professional staff, the facility through which training is offered, Scubaducks Dive Centre Ltd, accept any responsibility for any death, injury or other loss suffered or caused by you or resulting from your own conduct or any matter or condition under your control which amounts to your own contributory negligence. In the absence of any negligence or other breach of duty by the instructor(s), all professional staff, the facility through which this training is offered, Scubaducks Dive Centre Ltd, your participation in this diving course is entirely at your own risk.

The Try Dive programme is designed to provide you with an introduction to scuba diving. It is not intended to train you as a competent diver. You must be thoroughly instructed in the use of scuba in a certification course under the direct supervision of a qualified instructor to become a certified, competent diver.

I acknowledge receipt of this Statement and have read all the terms before signing this Statement.

Signature of Participant

Date _____
Day / Month / Year

Signature of Parent / Guardian

Date _____
Day / Month / Year

Medical Questionnaire

Scuba diving is and exciting and demanding activity. To scuba dive safely, 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 programme

The purpose of this medical history questionnaire is to find out if you should be examined by a doctor 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 pre-existing 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 the items apply to you we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with a Medical Statement and Guidelines for Recreational Scuba Divers Physical Examination to take to a physician.

PLEASE ANSWER YES or NO in capitals to the following questions (tick or cross, Y or N is NOT acceptable!)

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

Youth Diving: Responsibility & Risks Acknowledgement

Please read carefully and fill in all blanks before signing

I/we, _____ and my/our child, _____ affirm we have been advised and thoroughly informed that diving is an adventure sport with inherent risks to the participant. These risks may include, but are not limited to, pressure related injuries affecting the lungs, sinuses & ears, drowning, panic and other serious injury or death. We also understand our responsibilities, as parent & participant (child), in participating in scuba activities & agree to accept those responsibilities

As the parent / guardian of the minor child, I/we understand and agree it is solely my/our responsibility to evaluate whether my/out child should participate in scuba activities. Our decision is based upon our knowledge of the mental, physical & emotional abilities of our child, as well as his/her medical history. I/we understand and agree it is my/our responsibility to discuss with a physician any questions I/we have regarding my/our child's medical history & participation in this activity.

I/we understand and agree that it is my/our responsibility to continue to monitor the abilities and health of my/our child to determine whether he/she should continue this programme & continue to dive after the programme.

I/we understand that Scubaducks Dive Centre Ltd and the instructor are responsible for the conduct & supervision of this activity.

I/we understand my responsibilities & those of my child as explained to us by the instructor.

I/we have read this Acknowledgement, understand & agree to the terms & conditions, & understand & agree that this Acknowledgment is a binding contract between us, the instructor and Scubaducks Dive Centre Ltd.

_____ Parent / Guardian Name	_____ Parent / Guardian Signature	Date _____ Day / Month / Year
_____ Participant Name	_____ Participant Signature	Date _____ Day / Month / Year

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
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Child Protection Act - 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
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