



CAPT STEVE'S SCUBA CONNECTICUT

SCUBA DIVING COURSE

STUDENT RECORD

PLEASE PRINT LEGIBLY
ENTER YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR
CERTIFICATION CARD

COURSE #: _____

NAME: _____ DOB: _____
 First MI Last

PHONE HOME: _____ CELL: _____

EMAIL: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SEX: _____ MARITAL STATUS: _____ AGE: _____

SHIRT/JACKET/DRESS SIZE: _____ SHOE SIZE: _____

EMERGENCY CONTACT: _____

PHONE HOME: _____ CELL: _____

RELATIONSHIP: _____

MEDICAL HISTORY STATEMENT:

I understand that skin and scuba diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ears and sinuses are essential prerequisites for my safety and well-being. I hereby confirm that to the best of my knowledge and belief my circulatory and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek unconditional approval for diving from a licensed physician if I am uncertain as to my physical fitness for the rigors of diving.

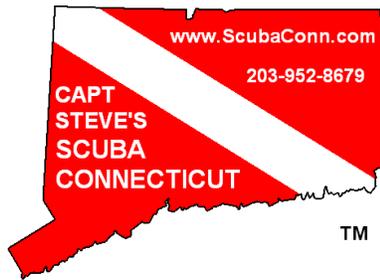
Write YES or No next to all of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Behavioral health problems | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Contact lenses |
| <input type="checkbox"/> Claustrophobia | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Dental plates |
| <input type="checkbox"/> Agoraphobia | <input type="checkbox"/> Respiratory problems | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Serious injury |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Back/spinal surgery | <input type="checkbox"/> Over 40 years old |
| <input type="checkbox"/> Ear or hearing problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Trouble equalizing pressure | <input type="checkbox"/> Ulcers | <input type="checkbox"/> HIV positive |
| <input type="checkbox"/> Sinus trouble | <input type="checkbox"/> Colostomy | <input type="checkbox"/> Regular medication |
| <input type="checkbox"/> Severe hayfever | <input type="checkbox"/> Hernia | <input type="checkbox"/> Drug allergies |
| <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Alcohol or drug abuse |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Recent surgery | <input type="checkbox"/> Rejected from any activity |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Hospitalized | <input type="checkbox"/> for medical reasons |
| <input type="checkbox"/> Heart surgery | <input type="checkbox"/> May be Pregnant | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Any medical condition not listed: _____ | |

List all medications you are presently taking: _____

I certify that the above information is true and correct to the best of my knowledge.

SIGNATURE OF PARTICIPANT (OR PARENT OR GUARDIAN): _____



CAPT STEVE'S SCUBA CONNECTICUT

POB 175, Norwalk, CT 06852-0175

RELEASE OF LIABILITY, WAIVER OF CLAIMS,
EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

**PLEASE READ CAREFULLY AND BE CERTAIN YOU UNDERSTAND
THE IMPLICATIONS OF SIGNING**

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES

I _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Skin and/or Scuba diving. I fully understand that these risks can lead to severe injury and even loss of life. I understand that diving operations may be conducted at a site that is remote from a recompression chamber and competent medical assistance. Nevertheless, I choose to proceed even in the absence of a recompression chamber and competent medical assistance. Additionally, I understand that there are also risks associated with dive travel, including, but not limited to the possible injury or loss of life as a result of a dive boat accident, as well as travel to and from dive sites. Despite the potential hazards and dangers associated with the activity of diving, I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from diving activities which could result in personal injury, loss of life and property damage to me.

RELEASE OF LIABILITY, WAIVER OF CLAIMS, AND INDEMNITY AGREEMENT:

In consideration of being allowed to participate in Snorkeling, Skin and/or Scuba Diving activities as well as the use of any of the facilities and the use of the equipment of the below listed releasees, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereafter referred to as Releasees):

Stephen F. Coe (Instructor), National Association of Underwater Instructors (NAUI), Scuba Diving International (SDI), Technical Diving International (TDI), Emergency Response Diving International (ERDI), International Training Inc (ITI), The Emergency Response Training Center LLC (ERTC), The YMCA of Norwalk Inc, Orbit Marine Inc, D/V Orbit Diver II, D/V Orbit Diver IV, Connecticut Yankee Council BSA, Camp Sequassen BSA.

2. To release the releasees, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury, property damage or wrongful death arising from Snorkeling, Skin and/or Scuba diving activities whether caused by active or passive negligence of the releasees or otherwise with the exception of gross negligence. By executing this document, I agree to hold the releasees harmless for any injury or loss of life which may occur to me during Snorkeling, Skin and/or Scuba diving activities and/or instruction.

3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America.

4. If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Participant _____ Date _____

Witness (Name) _____ Signature _____

Signature of Parent or Guardian If Participant Is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

Date _____

(Parent Signature if participant is a minor)

INSTRUCTOR CONFIRMATION

I HAVE REVIEWED THIS AGREEMENT AND CONFIRM THAT IT HAS BEEN PROPERLY COMPLETED.

Signature of Instructor _____ Date _____



**CAPT STEVE'S
SCUBA CONNECTICUT**
POB 175, Norwalk, CT 06852-0175
203-952-8679, Info@ScubaConn.com

**Statement of Understanding and
Student Learning Agreement
for "Dive Refreshed"**

The SCUBA diving refresher course you are about to begin is an exciting and demanding challenge. It will allow you to return to exploring the "other three-fourths" of our planet that is underwater. To accept the call of underwater adventure, you must be aware of the risks involved in the sport and be willing to study and practice to achieve success.

This course will require heavy physical exertion. You will need to be able to equalize pressure in your ears and sinuses. Your breathing and circulatory systems must also be in good health. You will need to complete a medical history form and your instructor may require you to be examined by a physician. You will also need to read, discuss and sign a waiver, release and indemnity agreement, and this document. If you are a minor, you will need to have this form and your medical form signed by a parent. These forms are returned to the instructor for the course files.

The cost of this course is \$129.00 and includes classroom and pool facility fees, classroom materials, and equipment for pool session. Textbook, plastic dive tables and logbook are not included. The course meeting time is from 8:30AM to 4:30PM.

Important information is included in every course session. Because diving is built from a few basics to more complex concepts, you must attend every session or your training will be incomplete. You will be required to make up any missed sessions at additional cost. Bring a notebook and pen to take notes in class.

AGREEMENT: I understand and agree that by enrolling in this course I am incurring obligations for attendance, skill performance and financial responsibility. I understand and agree that mastering the subject matter and skills of skin and scuba diving are largely dependent on me, and that there will be no refunds for any reason. That my instructor is only able to assist and guide me as I proceed through the training process. That my accounts with the facility and/or the instructor must be settled before I will receive my refresher certification. I also understand and agree that learning to skin or scuba dive requires a commitment of time, money, cooperation and practice in order to be certified. I am willing to accept the risks and responsibilities for my own actions. I understand and agree that the instructor must make the final judgment as to my competency to be a safe diver and be awarded refresher certification.

Signed _____ Date _____

Parent(s) of Minor _____ Date _____

Printed Name of Signatory _____