



Diver Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *Zip Code*

Home Phone: _____ Alternate Phone: _____

Email: _____

Birth Date: _____ Gender: _____ Marital Status: _____

Height: _____ Weight: _____

Diver Information

Are you a certified diver? _____ Level of Certification _____ # of Dives _____

Certification #: _____ Certifying Agency: _____

Divers Alert Network (DAN) Insurance #: _____ Expiration Date: _____

Do you own your own equipment? _____

Military Service/Injury Status

Branch of Service: USAF _____ USA _____ USN _____ USMC _____ USCG _____ Other: _____

Dates of Service _____ Deployments _____

Briefly describe your time in the service, how you were injured, and the injuries sustained:



Diver Information

ADA Requirements

Please describe your ADA requirements (be very specific):