



2020 KIDS SEA CAMP, INC. FAMILY APPLICATION

Please list all adults and kids, one application per family.

Dear Parents,

Please complete the following application so we can get to know you and your children better before Kids Sea Camp program begins. **This form must be completed in full and submitted with the Terms & Conditions form and your deposit of \$1,500 per room unless otherwise stated by KSC in order to confirm your KSC reservations.** All forms are located on www.familydivers.com reservations page. **Please circle if any discounts may apply, ID is required for military and PADI Pro: Military/ Early booking / Travel Agent / Dive Shop/ Firefighter/**

PADI Pro# _____ Level _____

TRIP INFORMATION

Arrival Date: ____/____/____ **Destination:** _____ **Departure Date:** ____/____/____
Years attending KSC: _____ Do all participants speak English?(Y/N) If not what language? _____
Number of bedrooms requested: _____ Room Type Requested: _____ **Extra nights:** (Y/N)
Main contact: _____ **Phone:** _____ **Email:** _____
Address, not a P.O Box: _____

ADULT INFORMATION

Please list all adults over the age of 17 traveling in adult section below:

Adult 1

First name: _____ **Middle Initial:** ____ **Last name:** _____ Diver(Y/N)
Sex: (M) or (F) **Birth Date; Month:** ____ **Day:** ____ **Year:** ____ **Passport#:** _____ **Exp:** ____/____/____
Certification Level: _____ **Agency:** _____ **Certification #:** _____
Date of last dive: Month: ____ **Day:** ____ **Need refresher?(Y)(N)** additional cost **Interested in any course? (Y/N)**
Please list course: _____ **T-shirt size:** ____ **Need rental gear?(Y/N)** **Fin-size:** ____ **Mask:** (Y/N), BC (Y/N)
Regulator: (Y/N), **Computer:** (Y/N), **Wet suit size:** _____ **Nitrox certified? (Y/N)** **Nitrox #:** _____

Adult 2

First name: _____ **Middle Initial:** ____ **Last name:** _____ Diver(Y/N)
Sex: (M) or (F) **Birth Date; Month:** ____ **Day:** ____ **Year:** ____ **Passport#:** _____ **Exp:** ____/____/____
Certification Level: _____ **Agency:** _____ **Certification #:** _____
Date of last dive: Month: ____ **Day:** ____ **Need refresher?(Y)(N)** additional cost **Interested in any course? (Y/N)**
Please list course: _____ **T-shirt size:** ____ **Need rental gear?(Y/N)** **Fin-size:** ____ **Mask:** (Y/N), BC (Y/N)
Regulator: (Y/N), **Computer:** (Y/N), **Wet suit size:** _____ **Nitrox certified? (Y/N)** **Nitrox #:** _____

Adult 3

First name: _____ **Middle Initial:** ____ **Last name:** _____ Diver(Y/N)
Sex: (M) or (F) **Birth Date; Month:** ____ **Day:** ____ **Year:** ____ **Passport#:** _____ **Exp:** ____/____/____
Certification Level: _____ **Agency:** _____ **Certification #:** _____
Date of last dive: Month: ____ **Day:** ____ **Need refresher?(Y)(N)** additional cost **Interested in any course? (Y/N)**
Please list course: _____ **T-shirt size:** ____ **Need rental gear?(Y/N)** **Fin-size:** ____ **Mask:** (Y/N), BC (Y/N)
Regulator: (Y/N), **Computer:** (Y/N), **Wet suit size:** _____ **Nitrox certified? (Y/N)** **Nitrox #:** _____

Adult 4

First name: _____ **Middle Initial:** ____ **Last name:** _____ Diver(Y/N)
Sex: (M) or (F) **Birth Date; Month:** ____ **Day:** ____ **Year:** ____ **Passport#:** _____ **Exp:** ____/____/____
Certification Level: _____ **Agency:** _____ **Certification #:** _____
Date of last dive: Month: ____ **Day:** ____ **Need refresher?(Y)(N)** additional cost **Interested in any course? (Y/N)**
Please list course: _____ **T-shirt size:** ____ **Need rental gear?(Y/N)** **Fin-size:** ____ **Mask:** (Y/N), BC (Y/N)
Regulator: (Y/N), **Computer:** (Y/N), **Wet suit size:** _____ **Nitrox certified? (Y/N)** **Nitrox #:** _____

GUARDIAN INFORMATION (Only if attending child is not traveling with parent)

Guardian 1 Full Name: _____ **Relationship:** _____
Guardian 2 Full Name: _____ **Relationship:** _____

Child's Information

If your child is participating in a course, please check the PADI program your child is enrolling in. Please provide the age of the participant at the time of the camp. Please note not all courses are available at every destination.

CLASS INFORMATION: SASY ages 5-7, Seal Team ages 8+, Learn to dive Junior Open Water (JOW) ages 10 to 14, Learn to dive Open Water (OW) ages 15+, Adventure diver ages 10 -11, (AOW) Advance Open Water ages 12+, Nitrox ages 12 and up **(All children must be of proper age at the time of the camp)**

Child 1: Please check the PADI program you are enrolling your child in.

SASY ___ Seal Team ___ **Learn to dive:** PADI OW ___ PADI JOW ___ Just Diving ___

Other optional PADI courses requested: Additional charges may apply depending on destination.

Confirmation based on destination and instructor availability: **Adventure Diver:** ___ **AOW:** ___

Rescue: ___ **Nitrox:** ___ **Coral Restoration:** *Only in Bonaire, St. Lucia* ___ **Dive Master:** ___

Other (please list): _____

First name: _____ **Last name:** _____ Diver(Y/N)

Sex: (M) or (F) **Birth Date:** Month: ___ Day: ___ Year: ___ **Passport#:** _____ Exp: ___/___/___

Certification Level: _____ **Agency:** _____ **Certification #:** _____

Date of last dive: Month: ___ Day: ___ **Need refresher?(Y)(N)** additional cost

T-shirt size: ___ **Shoe size:** _____ **Need rental gear?(Y/N)** **Fin-size:** ___ **Mask:** (Y/N), BC (Y/N)

Regulator: (Y/N), **Computer:** (Y/N), **Wet suit size:** _____ **Nitrox certified? (Y/N)** **Nitrox #:** _____

Special requests or needs for your child: _____

Child 2: Please check the PADI program you are enrolling your child in.

SASY ___ Seal Team ___ **Learn to dive:** PADI OW ___ PADI JOW ___ Just Diving ___

Other optional PADI courses requested: Additional charges may apply depending on destination.

Confirmation based on destination and instructor availability: **Adventure Diver:** ___ **AOW:** ___

Rescue: ___ **Nitrox:** ___ **Coral Restoration:** *Only in Bonaire, St. Lucia* ___ **Dive Master:** ___

Other (please list): _____

First name: _____ **Last name:** _____ Diver(Y/N)

Sex: (M) or (F) **Birth Date:** Month: ___ Day: ___ Year: ___ **Passport#:** _____ Exp: ___/___/___

Certification Level: _____ **Agency:** _____ **Certification #:** _____

Date of last dive: Month: ___ Day: ___ **Need refresher?(Y)(N)** additional cost

T-shirt size: ___ **Shoe size:** _____ **Need rental gear?(Y/N)** **Fin-size:** ___ **Mask:** (Y/N), BC (Y/N)

Regulator: (Y/N), **Computer:** (Y/N), **Wet suit size:** _____ **Nitrox certified? (Y/N)** **Nitrox #:** _____

Special requests or needs for your child: _____

SASY ___ Seal Team ___ **Learn to dive:** PADI OW ___ PADI JOW ___ Just Diving ___

Other optional PADI courses requested: Additional charges may apply depending on destination.

Confirmation based on destination and instructor availability: **Adventure Diver:** ___ **AOW:** ___

Rescue: ___ **Nitrox:** ___ **Coral Restoration:** *Only in Bonaire, St. Lucia* ___ **Dive Master:** ___

Other (please list): _____

First name: _____ **Last name:** _____ Diver(Y/N)

Sex: (M) or (F) **Birth Date:** Month: ___ Day: ___ Year: ___ **Passport#:** _____ Exp: ___/___/___

Certification Level: _____ **Agency:** _____ **Certification #:** _____

Date of last dive: Month: ___ Day: ___ **Need refresher?(Y)(N)** additional cost

T-shirt size: ___ **Shoe size:** _____ **Need rental gear?(Y/N)** **Fin-size:** ___ **Mask:** (Y/N), BC (Y/N)

Regulator: (Y/N), **Computer:** (Y/N), **Wet suit size:** _____ **Nitrox certified? (Y/N)** **Nitrox #:** _____

Special requests or needs for your child: _____

Child 4: Please check the PADI program you are enrolling your child in.

SASY ___ Seal Team ___ Learn to dive: PADI OW ___ PADI JOW ___ Just Diving ___

Other optional PADI courses requested: Additional charges may apply depending on destination.

Confirmation based on destination and instructor availability: **Adventure Diver:** ___ **AOW:** ___

Rescue: ___ **Nitrox:** ___ **Coral Restoration:** Only in Bonaire, St. Lucia ___ **Dive Master:** ___

Other (please list): _____

First name: _____ **Last name:** _____ **Diver(Y/N)**

Sex: (M) or (F) **Birth Date:** Month: ___ Day: ___ Year: ___ **Passport#:** _____ **Exp:** ___/___/___

Certification Level: _____ **Agency:** _____ **Certification #:** _____

Date of last dive: Month: ___ Day: ___ **Need refresher?(Y)(N)** additional cost

T-shirt size: ___ **Shoe size:** _____ **Need rental gear?(Y/N)** **Fins-size:** ___ **Mask (Y/N), BC (Y/N)**

Regulator (Y/N), Computer (Y/N), Wet suit size: _____ **Nitrox certified? (Y/N)** **Nitrox #:** _____

Special requests or needs for your child: _____

Medical Information

Does your child have any medical conditions, Special needs, **THIS INFORMATION MUST BE PROVIDED.** If your child is taking medication or has any special conditions, you must have a completed medical form filled out and doctors note stating your child can participate. Kids Sea Camp wishes to provide each child with a fun and safe program with properly qualified staff. **Not providing this information can result in a child being removed from their program. Do not leave this blank, if no, then state no, initial and date. If there will be any operation, illness or medical condition within 6 months of your travel date, please bring a doctors approval to dive.**

Initial / ___/___/___

Please list any allergies or medications that child is taking, also any foods to avoid:

Other comments or information, special day, birthdays or celebrations: _____



Email, mail or fax completed form to: kids@familydivers.com
or mail to Kids Sea Camp Inc, P.O. Box 291030 • Columbia, SC 29229
803.419.2556 • Fax 843.353.2537