



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. Please indicate if anyone is interested in additional course. Courses will be confirmed 90 days prior to travel based on instructor availability. Additional charges will apply.

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: ____ **Yr:** ____ **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 #:** _____
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): _____

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: ____ **Yr:** ____ **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 #:** _____
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): _____

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: ____ **Yr:** ____ **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: _____ Yr: _____ 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 #: _____

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): _____

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 4 or 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: _____ 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: _____ Yr: _____ 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: _____ 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: _____ Yr: _____ 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 3: 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: _____ **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: ___ **Yr:** ___ **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: _____ **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: ___ **Yr:** ___ **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: _____

MEDICAL INFORMATION



Does anyone in your family have any medical conditions or special needs? **THIS INFORMATION MUST BE PROVIDED.** If anyone in your family is taking medication or has any special conditions, you must have a completed medical form filled out and doctors note stating your family member can participate. Kids Sea Camp wishes to provide each diver with a fun and safe program with properly qualified staff. **Not providing this information can result in a diver 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 / ___ / _____

Does anyone in your family have any dietary restrictions? If yes, please list who and what:

Does anyone in your family have any allergies? If yes, please list who and what:

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