

## **DIVER'S REGISTRATION AND LIABILITY FORM**

																	GROUP NAME:	
NAME:								PHONE:						DEPT DATE:				
HOME ADDRESS:														ROOM #:				
CITY: STATE:										ZIP CODE:								
COUNTRY:									EMAIL:									
BIRTH DATE:								DIVING WITH: AIR / NITROX / CUSTOM GASSES (please circle)										
CERTIFICATION AGENCY:									CERTIFICATION NUMBER:									
HIGHEST CERTIFICATION LEVEL:								DATE OF LAST DIVE:										
EMERGENCY CONTACT:									RELATIONSHIP: PHONE					PHONE:				
CHECK IN:	PACK	AGE PR	EPA	AID:		RETAIL					\$			INSTRUCTION AND MISCELLANEOUS				
Check out:	#	BD												PREPAID	REPAID			
NATURE F	#BD days								Date					Date				
#What						le Watch												
					ÎII													
BOAT DIVES																		
DATE	WW	AM	PM	BND		RENTALS					date		date Total			TO BE PAID HERE		
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