



**Diver Development Program
Student Information**

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Cell: _____

Email: _____

Birthday: _____

Sex: Male Female Age: _____ Weight (lbs): _____

T-Shirt Size: _____ (for fitting BCD)

Select the program that you wish to enroll in:

Enter your highest current certification level:

Certifying Agency *Certificate Number*

Where do you plan on doing your checkout dives?

How did you hear about the Float N' Flag Dive Centre?

NOTE: This form is valid for 1 year from the date of completion as marked on the document. You must also take the course within 12 months of signing up or the fees may not be reimbursed. If your medical condition changes such that you would have to answer a YES on the medical form, you are required to complete a new form and obtain your physician's approval prior to any in-water activity. I understand and agree to FNF's class cancellation policy, namely that if I cancel my participation within 1 week of the start of the class that no refund will be given. Cancellations or reschedule requests made between 1 & 2 weeks will be assessed a \$75 fee that will be paid prior to taking the rescheduled class. Rescheduling is subject to availability.

Signature

Date



MEDICAL STATEMENT Participant Record (Confidential Information)

Please read carefully before signing:

This is a statement in which you are informed of some potential risks involved in Scuba Diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program. In addition, if your medical condition changes at any time during your scuba programs it is important that you inform your instructor immediately.

Read this statement before signing it:

You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the Scuba Training Program. If you are a minor, you must have this statement signed by a Parent or Guardians.

Diving is an exciting and demanding activity. When performed correctly, applying the correct techniques, it is a relatively safe sport. When established safety procedures are not followed there are increased risks.

To scuba dive safely, you should not be extremely over weight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis you should consult your doctor and the instructor before participating in this program and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in it's use under the direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire: To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in the Diver Training Program. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you MUST seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past and present medical history with a Yes or No. If you are not sure, answer Yes. If any of these items apply to you, we must request that you consult with a physician prior to participating in Scuba Diving. Your Instructor will supply you with an RSTC Medical Statement and Guidelines for Recreation Scuba Diver's Physical Examination to take to your Physician.

- | | | | |
|--------|---|--------|--|
| Yes No | Could you be pregnant or are you attempting to become pregnant? | Yes No | Any dive accidents or decompression sickness? |
| Yes No | Are you presently taking prescription medication? (with the exception of birth control or anti malarial) | Yes No | Inability to perform moderate exercise(example: walk 1.6 km within 12 minutes)? |
| Yes No | Are you over 45 years of age and can answer YES to any one of the following?
<i>Currently smoke a pipe, cigars or cigarettes</i>
<i>Are currently receiving medical care</i>
<i>Have a family history of Heart Attack or Stroke</i>
<i>Have a high cholesterol level</i>
<i>High Blood Pressure</i>
<i>Diabetes Mellitus even if controlled by diet alone</i> | Yes No | Head injury with loss of consciousness in the past 5 years? |
| | | Yes No | Recurrent back problems? |
| | | Yes No | Back or spinal surgery? |
| | | Yes No | Diabetes? |
| | | Yes No | Back, arm or leg problems following surgery, injury or fracture? |
| | | Yes No | High blood pressure or take medication to control it? |
| | | Yes No | Heart Disease? |
| | | Yes No | Heart Attack? |
| | | Yes No | Angina, heart surgery, blood vessel surgery? |
| | | Yes No | Sinus surgery? |
| | | Yes No | Ear disease or surgery, hearing loss or problems with balance? |
| | | Yes No | Recurrent ear problems? |
| | | Yes No | Bleeding or other blood disorders? |
| | | Yes No | Hernia? |
| | | Yes No | Ulcers or ulcer surgery? |
| | | Yes No | A colostomy or ileostomy? |
| | | Yes No | Recreational drug use or treatment for drug use or alcoholism or treatment for alcoholism in the past 5 years? |
-
- Have you ever had or do you currently have ...**
- | | |
|--------|--|
| Yes No | Asthma or wheezing with breathing or wheezing with exercise? |
| Yes No | Frequent or severe attacks of hay fever or allergies? |
| Yes No | Frequent colds, sinusitis or bronchitis? |
| Yes No | Any form of lung disease? |
| Yes No | Pneumothorax (collapsed lung)? |
| Yes No | Other chest disease or chest surgery? |
| Yes No | Behavioural health, mental or psychological problems (panic attacks, fear of closed or open spaces)? |
| Yes No | Epilepsy, seizures, convulsions or take medications to prevent them? |
| Yes No | Recurring complicated migrane headaches or take medications to prevent them? |
| Yes No | Blackouts or fainting (full or partial loss of consciousness)? |
| Yes No | Frequent or severe suffering from motion sickness (seasick, carsick etc.)? |
| Yes No | Dysentery or dehydration requiring medical attention? |

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose and existing or past health condition.



Signature of Student

Dated

Signature of Parent or Guardians

Dated



Float N' Flag Diver Development Program

STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____ understand that as a diver I should:
(Print Name)

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, Low Pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables - whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives — including communications, procedures for reuniting in case of separation, and emergency procedures — with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no-decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver - Slowly Ascend From Every Dive). Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and under water and dive within my limitations.
9. Use a boat, float, or other surface support station whenever feasible.
10. Know and obey local diving laws and regulations, including fish-and-game and dive-flag laws.

I understand the importance and purposes of these established practices. I recognize they are for my own safety and well being, and that failure to adhere to them can place me in jeopardy when diving.

Signature of Student:

Dated

Signature of Parent or Guardian

Dated





GENERAL TRAINING

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI members ("Members"), including FLOAT N' FLAG SPORT & DIVE INC. and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc. or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of FLOAT N' FLAG SPORT & DIVE INC., and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _____, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. I further understand that this program may be conducted at a site that is remote, either by time or distance, from such a recompression chamber. I still choose to proceed with this program in spite of the absence of a recompression chamber or medical facility in proximity to the dive site.

I understand and agree that neither my instructors, the professional staff at Float N' Flag Sport & Dive Inc., conducting this program, nor the facility through which is offered, FLOAT N' FLAG SPORT & DIVE INC., nor PADI Americas, Inc., nor its affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this program, I hereby personally assume all risks for any harm, injury or damage, whether foreseen or unforeseen, that may befall me while participating in this program, including but not limited to the knowledge development, confined water and/or open water activities.

I further release, exempt and hold harmless said program and the Released Parties, from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of a heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Related Parties but also any rights of my heirs, assigns or beneficiaries may have to sue the Related Parties resulting from my death. I further represent that I have the authority to do so and that my heirs, assigns and beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

I, _____, by this instrument do exempt and release the dive professionals conducting this program, the facility through which the program is conducted, and PADI Americas, Inc. and all related entities and Released Parties as defined above from all liability or responsibility whatsoever for personal injury, property damage or wrongful death, however caused, including, but not limited to, the negligence of the released parties, whether passive or active.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT AND NON-AGENCY DISCLOSURE ACKNOWLEDGMENT AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS AND AFFIRM THE MEDICAL QUESTIONNAIRE IS ACCURATE.

Participant Signature _____

Date (Day/Month/Year) _____

Signature of Parent of Guardian (where applicable) _____

Date (Day/Month/Year) _____

