

PADI DISCOVER SCUBA DIVING + BUBBLEMAKER

Participant Registration Package

Name:			-
Address:			_
City:		Province:	Postal Code:
Phone:			
Email:			
Birthday: (Day, N	Month, Year):		_
Sex: Male	Female	Age:	
Γ-Shirt Size:		(for fitting BCD	0)
Veight (lbs): _		Shoe Size:	
Discover Scuba	(Age 10+):	Bubblemaker (kids 8 &	& 9):
Student Signatu	re:	D	ate:
Parent Signature	e:	D	ate:



FNF Course Cancellation & Schedule Change Policy

Course Fees are NON-REFUNDABLE.

Within 2 weeks notice, a paid student may notify FLOAT N' FLAG DIVE CENTRE of their intention to move the date they wish to take the course, with **no penalty**, as long as the new date falls within 12 months or the original sign-up date. After 12 months, if the course is not rescheduled, the course fee is considered forfeit by the customer to cover administrative and other costs (unless agreed to in writing by management for special circumstances).

If **7-14 days notice** is provided to move from one class session to another, a **\$75.00 administration fee** will apply and must be paid in full before the new class registration is formalized. Float N' Flag cannot guarantee that the desired class is available or that the student can move to the desired class. The availability of space in new classes depends on the size of the new class and the instructor to student ratios.

If less than 7 days notice is provided to Float N' Flag, or if a student does not show up for their course, staff and pool commitments have already been made and the course portion of the fee is forfeit by the customer to cover these and other administrative costs and must be paid again when re-booking additional dates. The availability of space in new classes depends on the size of the new class and the instructor to student ratios.

Participant Signature	Date (Day/Month/Year)
Signature of Parent of Guardian (where applicable)	Date (Day/Month/Year)











Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, do not dive.

1. I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes Go to Box A	No
2. I am over 45 years of age.	Yes Go to Box B	No
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes *	No
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes Go to Box C	No
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes *	No
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes Go to Box D	No
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes Go to Box E	No
8. I have had back problems, hernia, ulcers, or diabetes.	Yes Go to Box F	No
9. I have had stomach or intestine problems, including recent diarrhea.	Yes Go to Box G	No
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes *	No

Participant Signature

If you answered *NO* to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)	Date (dd/mm/yyyy)
Participant Name (Print)	 Birthdate (dd/mm/yyyy)
The PADI Professional Staff	Float N Flag Sport & Dive Inc.
Instructor Name (Print)	Facility Name (Print)

^{*} If you answered YES to questions 3, 5 or 10 above OR to any of the questions on page 2, please read and agree to the statement above by signing and dating it AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician for a medical evaluation. Participation in a diving course requires your physician's approval.

Participant Name		Birthdate	
•	(Print)		Date (dd/mm/www)

Diver Medical | Participant Questionnaire Continued

Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg. stent, pacemaker, neurostimulator), presemblotorax, and for chronic lung disease. Adhama, sheezing severa slinges, heart valve surgery, an implantable medical device (eg. stent, pacemaker, neurostimulator), presemblotorax, and for chronic lung disease. A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart stack or stroke, OK am taking medication for any heart condition. A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart with take or stroke, OK am taking medication for any heart condition. Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance. **Ne*** No*** **BOX B = 1 am over 45 years of age ANID:** Leurently smoke or inhale nicotine by other means. **It have had a close blood relative die uddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy). **BOX C = 1 have/have had:** Sinus surgery within the last of months. **Ear disease or car surgery, hearing loss, or problems with balance. **Wes*** No*** **Recurrent sinusitis within the past 12 months. **BOX D = 1 have/have had:** **BOX D = 1 have/have	Turkcipant Questionnaire Continued			
Asthma, wheching, severe allergies, hay kever or congested airways within the last 12 months that limits my physical activity/exercise. Asthma, wheching, severe allergies, hay kever or congested airways within the last 12 months that limits my physical activity/exercise. Asthma, wheching, severe allergies, hay kever or congested airways within the last 12 months. OR have been diagnosed with emphysema. Yes * No Aproblem of Illness involving my heart such as angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition. Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema. Yes * No Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance. **Box B - I am over 45 years of age AND:** Larvently moke or inhale nicotine by other means. Lave a high cholesterol level. Lave high blood pressure. Lave had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of the tent disease before age 50 including abnormal heart rhythms, coronary artery disease or cardiomyopathy). **Box C - I have/have had:** Lar clinease or car surgery, hearing loss, or problems with balance. Yes * No Recurrent sinustits within the past 12 months. Yes * Wes * No Recurrent sinustits within the past 12 months. **Box D - I have/have had:** Head injury with loss of consciousness within the past 3 years. **Persistent neurologic injury or disease. **Box E - I have/have had:** Box E - I have/have had:** Head injury with loss of consciousness within the past 12 months, or take medications to prevent them. **Box E - I have/have had:** **Box G - I have/have had:** **Box G - I have/have had:** **Box	Box A – I have/have had:			
A problem or illness involving my heart such as angina, cheet pain on exertion, heart failure, immersion pulmonary edema, heart tack or stroke, OR am taking medication for any heart condition. Yes * No Recurrent bronchits and currently coughing within the past 12 months, OR have been diagnosed with emphysema. Yes * No Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance. **Wes * No Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance. **Box B - I am over 45 years of age AND:** Learnently smoke or inhale nicotine by other means. **Lawa a high cholectoral level.** Lawa had a loss blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy). **Box C - I have/have had:** **Simus surgery within the last 5 months.** **Bar disease or ear surgery, hearing loss, or problems with balance.** **Recurrent simusitis within the past 12 months.** **Wes * No Rox D - I have/have had:** **Box D - I have/have had:** **Beta dinjury with loss of consciousness within the past 5 years.** **Persistent neurologic injury or disease.** **Recurrent gmigraine headaches within the past 12 months, or take medications to prevent them.** **Beta viora frainting (full/partial loss of consciousness) within the last 5 years.** **Persistent neurologic injury or disease.** **Recurrent programs headaches within the past 12 months, or take medications to prevent them.** **Beta viora frainting (full/partial loss of consciousness) within the last 5 years.** **Persistent neurologic injury or disease.** **Recurrent back problems in the last formation or a learning developmental disorder requiring medication/psychiatric treatment.** **Recurrent back problems in the last formation or a learning developmental disorder that requires ongoing car	Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg: stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes	*	No
attack or stroke, OR am taking medication for any heart condition. Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema. Yes * No Symptoms affecting my lungs, breathing, beart and/or blood in the last 30 days that impair my physical or mental performance. **Recurrent bronchitis and currently coughing within the past 30 days that impair my physical or mental performance. **Recurrent bronchitis and currently coughing within the last 30 days that impair my physical or mental performance. **Recurrent symbols or finale nicotine by other means. **Inave a high cholesterol level. **Inave hal a close bolod relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy). **BOX C - I have/have had:** **Box C - I have/have had:** **Recurrent sinusitis within the past 12 months. **Recurrent sinusitis within the past 12 months. **BOX D - I have/have had:** **Bear in gingraine headaches within the past 12 months, or take medications to prevent them. **Box D - I have/have had:** **Bear in fainting (full partial loss of consciousness) within the last 5 years. **Box E - I have/have had:** **Bear in fainting (full partial loss of consciousness) within the last 5 years. **Box E - I have/have had:** **Bear in fainting in the last 12 months, or take medications to prevent them. **Box E - I have/have had:** **Bear in fainting in full late in many and a take, uncontrolled bipland disorder requiring medication/psychiatric treatment. **Yes ** No An addiction to drups or alcohol requiring medications popular disorder requiring medication/psychiatric tre	Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes	*	No
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance. New Box B - I am over 45 years of age AND:	A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes	*	No
Box B – I am over 45 years of age AND: Currently smoke or inhale nicotine by other means.	Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes	*	No
Lourently smoke or inhale nicotine by other means. It have high cholesterol level. Yes 1 No 1 have high blood pressure. It have high cholesterol level. Yes 2 No 1 have high blood pressure. It have high blood pressure. It have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy). **BOX C - I have/have had:** **Sinus surgery within the last 6 months.** **BOX D - I have/have had:** **Recurrent sinusitis within the past 12 months.** **BOX D - I have/have had:** **Head injury with loss of consciousness within the past 5 years.** **Persistent neurologic injury or disease. **Recurring migratine headaches within the past 12 months, or take medications to prevent them.** **BOX E - I have/have had:** **Head injury with loss of consciousness within the past 12 months, or take medications to prevent them.** **BOX E - I have/have had:** **BERUARION RICHIPATIAL IDES OF CONSCIOUSNESS) within the last 5 years. **BERUARION RICHIPATIAL IDES OF CONSCIOUSNESS) within the last 5 years. **BERUARION RICHIPATIAL IDES OF CONSCIOUSNESS) within the last 5 years. **BERUARION RICHIPATIAL IDES OF CONSCIOUSNESS) within the last 5 years. **BERUARION RICHIPATIAL IDES OF CONSCIOUSNESS) within the last 5 years. **BERUARION RICHIPATIAL IDES OF CONSCIOUSNESS) within the last 5 years. **BERUARION RICHIPATIAL IDES OF CONSCIOUSNESS) within the last 5 years. **BERUARION RICHIPATIAL IDES OF CONSCIOUSNESS) within the last 5 years. **BERUARION RICHIPATIAL IDES OF CONSCIOUSNESS) within the last 5 years. **BERUARION RICHIPATIAL IDES OF CONSCIOUSNESS WITHIN RICHIPATIAL IDES OF	Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes	*	No
It have a high cholesterol level. It have high blood pressure. It have high blood pressure. It have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of yes heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy). **BOX C - I have/have had:** Sinus surgery within the last 6 months. **BOX C - I have/have had:** Sinus surgery within the last 6 months. **BOX D - I have/have had:** **Box D	Box B – I am over 45 years of age AND:			
It have high blood pressure. It have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy). **BOX C - I have/have had:** Sinus surgery within the last 6 months. **Possible of the disease or ear surgery, hearing loss, or problems with balance. **Possible of the disease or ear surgery, hearing loss, or problems with balance. **Recurrent sinusitis within the past 12 months. **Possible of the past 3 months.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months, or take medications to prevent them.** **Possible of the past 12 months or take medications to past 12 months, or take medications to discount to take medications to disc	I currently smoke or inhale nicotine by other means.	Yes	*	No
It have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy). Box C - I have/have had: Yes	I have a high cholesterol level.	Yes	*	No
Box C - I have/have had: Sinus surgery within the last 6 months. Ear disease or ear surgery, hearing loss, or problems with balance. Recurrent sinustits within the past 12 months. Pers surgery within the past 3 months. Box D - I have/have had: Head injury with loss of consciousness within the past 5 years. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Pers No Box E - I have/have had: Behavioral health, mental or psychological problems requiring medical/psychiatric treatment. Pers No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Pers No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder that requires ongoing care or special accommodation. Pers No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder that requires ongoing care or special accommodation. Pers No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder that requires ongoing care or special accommodation. Pers No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder that requires ongoing care or special accommodation. Pers No No No More No No No	I have high blood pressure.	Yes	*	No
Sinus surgery within the last 6 months. Yes of Recurrent sinusitis within the past 12 months. Recurring migraine headachead: Recurring migraine headaches within the past 5 years. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Recurrent heads (full/partial loss of consciousness) within the last 5 years. Recurrent heads (full/partial loss of consciousness) within the last 5 years. Recurrent heads (full/partial loss of consciousness) within the last 5 years. Recurrent heads (full/partial loss of consciousness) within the last 5 years. Recurrent heads (full/partial loss of consciousness) within the last 5 years. Recurrent heads (full/partial loss of consciousness) within the last 5 years. Recurrent heads (full/partial loss of consciousness) within the last 5 years. Recurrent heads (full/partial loss of consciousness) within the last 5 years. Recurrent heads (full/partial loss of consciousness) within the last 5 years. Recurrent back problems in the last 6 months that limit my everyday activity. Recurrent back problems in the last 12 months. Recurrent back problems in the last 6 months that limit my everyday activity. Recurrent back problems in the last 12 months. Recurrent back problems in the last 12 months. Recurrent back problems in the last 12 months. Recurrent back problems in the last 12 month	I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes	*	No
Ear disease or ear surgery, hearing loss, or problems with balance. Recurrent sinusitis within the past 12 months. Yes * No Recurrent sinusitis within the past 3 months. Rey surgery within the past 3 months. Recurrent sinusitis within the past 12 months. Recurring migraine headaches within the past 5 years. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Recurrent have/have had: Recurrent have/have had: Recurrent back problems in the last 6 months that limit my everyday activity. Recurrent back problems in the last 6 months that limit my everyday activity. Recurrent back problems in the last 6 months that limit my everyday activity. Recurrent back problems in the last 12 months. Pass No Pack or spinal surgery within the last 12 months. Recurrent back problems in the last 12 months. Recu	Box C – I have/have had:			
Recurrent sinusitis within the past 12 months. Recurrent pack problems are a packaged and a packaged	Sinus surgery within the last 6 months.	Yes	*	No
Eye surgery within the past 3 months. Box D - I have/have had: Head injury with loss of consciousness within the past 5 years. Head injury with loss of consciousness within the past 12 months, or take medications to prevent them. Yes * No Recurring migraine headaches within the past 12 months, or take medications to prevent them. Yes * No Blackouts or fainting (full/partial loss of consciousness) within the last 5 years. Behavioral health, mental or psychological problems requiring medical/psychiatric treatment. Where the diagnosed with a mental brealth condition or a learning/developmental disorder requiring medication/psychiatric treatment. Where the diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation. New * No An addition to drugs or alcohol requiring treatment within the last 5 years. Where the diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation. New * No Box F - I have/have had: Recurrent back problems in the last 6 months that limit my everyday activity. Recurrent back problems in the last 6 months that limit my everyday activity. Recurrent back problems in the last 12 months. Yes * No Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months. Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. **Recurrent back problems in the last 0 months or ulcer surgery within the last 6 months. **Recurrent back problems in the last 0 months or ulcer surgery within the last 12 months. **Recurrent dearning that limits my physical abilities. **Recurrent dearning that that limits my physical abilities. **Recurrent dearning that that limits my physical abilities. **Recurrent dearning that that limits my physical	Ear disease or ear surgery, hearing loss, or problems with balance.	Yes	*	No
Box D – I have/have had: Head injury with loss of consciousness within the past 5 years. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Persistent neurologic injury of neurons of intestinal ulcers or ulcer surgery within the last 12 months. Persistent neurologic injury of neurons of intestinal ulcers or ulcer surgery within the last 6 months. Persistent neurologic injur neurons of intestinal ulcers or ulcer surgery within the last 6 months. Persistent neurologic injur neurons of intestinal ulcers or ulcer surgery within the last 6 months. Persistent neurologic injur neurons of intestinal ulcers or ulcer surgery within the last 6 months. Persistent neurologic injured neurons of intestinal ulcer	Recurrent sinusitis within the past 12 months.	Yes	*	No
Head injury with loss of consciousness within the past 5 years. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Yes * No Blackouts or fainting (full/partial loss of consciousness) within the last 5 years. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Recurrent back/phave had: Recurrent back problems in the last 6 months that limit my everyday activity. Persistent neurologic injury or disease. Persistent neurologic injury disease. Persistent neurologic injury or disease. Persistent neurologic	Eye surgery within the past 3 months.	Yes	*	No
Persistent neurologic injury or disease. Yes * No Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Recurring migraine headaches within the past 12 months, or take medications to prevent them. Persistent neurologic injury or disease. Yes * No Blackouts or fainting (full/partial loss of consciousness) within the last 5 years. Yes * No Epilepsy, seizures, or convulsions, OR take medications to prevent them. Post E - I have/have had: Behavioral health, mental or psychological problems requiring medical/psychiatric treatment. Wes * No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Yes * No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Yes * No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Yes * No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Yes * No An addiction to drugs or alcohol requiring treatment within the last 5 years. Yes * No No Box F - I have/have had: Recurrent back problems in the last 6 months that limit my everyday activity. Yes * No Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months. Yes * No An uncorrected hernia that limits my physical abilities. Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. Yes * No Dehydration requiring medical intervention within the last 7 days. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Yes * No Poethydration requiring medical intervention within the last 7 days. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Yes * No Poethydration requiring medical intervention within the last 7 days	Box D – I have/have had:			
Recurring migraine headaches within the past 12 months, or take medications to prevent them. Yes * No Blackouts or fainting (full/partial loss of consciousness) within the last 5 years. Yes * No Blackouts or fainting (full/partial loss of consciousness) within the last 5 years. Yes * No Blackouts or fainting (full/partial loss of consciousness) within the last 5 years. Yes * No Blackouts or fainting (full/partial loss of consciousness) within the last 5 years. **No Box E – I have/have had:* Behavioral health, mental or psychological problems requiring medical/psychiatric treatment. Yes * No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Yes * No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Yes * No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Yes * No Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Yes * No An addiction to drugs or alcohol requiring treatment within the last 5 years. **Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation. Yes * No No Box F – I have/have had: **Recurrent back problems in the last 6 months that limit my everyday activity. Yes * No No Back or spinal surgery within the last 12 months. Yes * No	Head injury with loss of consciousness within the past 5 years.	Yes	*	No
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years. Pet Pilepsy, seizures, or convulsions, OR take medications to prevent them. Behavioral health, mental or psychological problems requiring medical/psychiatric treatment. Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Pet No. An addiction to drugs or alcohol requiring treatment within the last 5 years. Pet No. Box F - I have/have had: Recurrent back problems in the last 6 months that limit my everyday activity. Box F - I have/have had: Recurrent back problems in the last 12 months. Pet No. Back or spinal surgery within the last 12 months. Pet No. An uncorrected hernia that limits my physical abilities. Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. Pet No. Active or untreated ulcers problem wounds, or ulcer surgery within the last 6 months. Pet No. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Pet No. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Pet No. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Pet No. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Pet No. No. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Pet No. No. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Pet No. No. Active or uncontrolled ulcerative colitis or Crohn's disease. Pet No. No. Active or uncontrolled ulcerative colitis or Crohn's disease.	Persistent neurologic injury or disease.	Yes	*	No
Epilepsy, seizures, or convulsions, OR take medications to prevent them. Yes No	Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes	*	No
Box E — I have/have had: Behavioral health, mental or psychological problems requiring medical/psychiatric treatment. Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Meen diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation. Man addiction to drugs or alcohol requiring treatment within the last 5 years. Mon addiction to drugs or alcohol requiring treatment within the last 5 years. Mon addiction to drugs or alcohol requiring treatment within the last 5 years. Mon addiction to drugs or alcohol requiring treatment within the last 5 years. Mon addiction to drugs or alcohol requiring treatment within the last 5 years. Mon addiction to drugs or alcohol requiring treatment within the last 5 years. Mon addiction to drugs or alcohol requiring treatment within the last 5 years. Mon addiction to drugs or alcohol requiring treatment within the last 5 years. Mon addiction to drugs or alcohol requiring treatment within the last 5 years. Mon addiction to drugs or alcohol requiring the last 6 months that limit my everyday activity. Mon addiction to drugs or alcohol requiring the last 6 months. Mon addiction to drugs or alcohol requiring the last 12 months. Mon addiction to drugs or alcohol requiring the last 12 months. Mon addiction to drugs or alcohol requiring the last 6 months. Mon addiction to drugs or alcohol requiring the last 6 months. Mon addiction to drugs or alcohol requiring the last 6 months. Mon addiction to drugs or alcohol requiring the last 6 months. Mon addiction to drugs or alcohol requiring treatment within the last 6 months. Mon addiction to drugs or alcohol requiring treatment within the last 6 months. Mon addiction to drugs or alcohol requiring treatment within the last 6 months. Mon addiction to drugs or alcohol requiring treatment within the last 6 months. Mon addiction to drugs or alcohol requiring treatment within the last 6	Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes	*	No
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment. Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation. Yes * No An addiction to drugs or alcohol requiring treatment within the last 5 years. **No Box F - I have/have had:** Recurrent back problems in the last 6 months that limit my everyday activity. **Back or spinal surgery within the last 12 months. **Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months. **An uncorrected hernia that limits my physical abilities. **Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. **Box G - I have had:** **Ostomy surgery and do not have medical clearance to swim or engage in physical activity. **Dehydration requiring medical intervention within the last 7 days. **Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. **Tes **No Pehydration requiring medical intervention within the last 7 days. **Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. **Tes **No Pehydration requiring medical intervention within the last 7 days. **Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. **Tes **No Pehydration requiring medical intervention within the last 7 days. **Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. **Tes **No Pehydration requiring medical intervention within the last 7 days. **Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. **Tes **No Pehydration requiring medical intervention within the last 7 days. **Active or uncontrolled ulcerative colitis or Crohn's disease.	Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes	*	No
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment. Yes * No Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation. Yes * No An addiction to drugs or alcohol requiring treatment within the last 5 years. ** No Box F - I have/have had: Recurrent back problems in the last 6 months that limit my everyday activity. ** No Back or spinal surgery within the last 12 months. Yes * No Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months. ** An uncorrected hernia that limits my physical abilities. ** Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. ** No Box G - I have had: ** Ostomy surgery and do not have medical clearance to swim or engage in physical activity. ** No Dehydration requiring medical intervention within the last 7 days. ** Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. ** Yes ** No Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. ** Yes ** No Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. ** Yes ** No Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. ** Yes ** No Active or uncontrolled ulcerative colitis or Crohn's disease. ** Yes ** No Active or uncontrolled ulcerative colitis or Crohn's disease.	Box E – I have/have had:			
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation. Yes * No An addiction to drugs or alcohol requiring treatment within the last 5 years. **Recurrent back problems in the last 6 months that limit my everyday activity. **Recurrent back problems in the last 12 months. **Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months. **An uncorrected hernia that limits my physical abilities. **Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. **Box G - I have had: **Ostomy surgery and do not have medical clearance to swim or engage in physical activity. **Dehydration requiring medical intervention within the last 7 days. **Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. **Pes **No Dehydration, or gastroesophageal reflux disease (GERD). **Active or uncontrolled ulcerative colitis or Crohn's disease. **Yes **No No Active or uncontrolled ulcerative colitis or Crohn's disease. **Yes **No No N	Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes	*	No
An addiction to drugs or alcohol requiring treatment within the last 5 years. Yes No	Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes	*	No
Box F – I have/have had: Recurrent back problems in the last 6 months that limit my everyday activity. Back or spinal surgery within the last 12 months. Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months. An uncorrected hernia that limits my physical abilities. Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. Box G – I have had: Ostomy surgery and do not have medical clearance to swim or engage in physical activity. Pes * No Dehydration requiring medical intervention within the last 7 days. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Yes * No Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). Active or uncontrolled ulcerative colitis or Crohn's disease.	Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes	*	No
Recurrent back problems in the last 6 months that limit my everyday activity. Back or spinal surgery within the last 12 months. Yes * No Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months. Yes * No An uncorrected hernia that limits my physical abilities. Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. Yes * No Box G - I have had: Ostomy surgery and do not have medical clearance to swim or engage in physical activity. Yes * No Dehydration requiring medical intervention within the last 7 days. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Yes * No Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). Active or uncontrolled ulcerative colitis or Crohn's disease.	An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes	*	No
Back or spinal surgery within the last 12 months. Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months. An uncorrected hernia that limits my physical abilities. Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. Pes * No Box G - I have had: Ostomy surgery and do not have medical clearance to swim or engage in physical activity. Dehydration requiring medical intervention within the last 7 days. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). Active or uncontrolled ulcerative colitis or Crohn's disease. Yes * No No	Box F – I have/have had:			
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months. An uncorrected hernia that limits my physical abilities. Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. Yes * No Box G – I have had: Ostomy surgery and do not have medical clearance to swim or engage in physical activity. Dehydration requiring medical intervention within the last 7 days. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Yes * No Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). Active or uncontrolled ulcerative colitis or Crohn's disease. Yes * No	Recurrent back problems in the last 6 months that limit my everyday activity.	Yes	*	No
An uncorrected hernia that limits my physical abilities. Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. Pes * No Box G – I have had: Ostomy surgery and do not have medical clearance to swim or engage in physical activity. Dehydration requiring medical intervention within the last 7 days. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). Active or uncontrolled ulcerative colitis or Crohn's disease. Yes * No Yes * No	Back or spinal surgery within the last 12 months.	Yes	*	No
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months. Pes * No Box G - I have had: Ostomy surgery and do not have medical clearance to swim or engage in physical activity. Dehydration requiring medical intervention within the last 7 days. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). Active or uncontrolled ulcerative colitis or Crohn's disease. Yes * No Active or uncontrolled ulcerative colitis or Crohn's disease.	Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes	*	No
Box G – I have had: Ostomy surgery and do not have medical clearance to swim or engage in physical activity. Dehydration requiring medical intervention within the last 7 days. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). Active or uncontrolled ulcerative colitis or Crohn's disease. Yes * No	An uncorrected hernia that limits my physical abilities.	Yes	*	No
Ostomy surgery and do not have medical clearance to swim or engage in physical activity. Dehydration requiring medical intervention within the last 7 days. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). Active or uncontrolled ulcerative colitis or Crohn's disease. Yes * No	Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes	*	No
Dehydration requiring medical intervention within the last 7 days. Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Yes * No Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). Yes * No Active or uncontrolled ulcerative colitis or Crohn's disease. Yes * No	Box G – I have had:			
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months. Yes * No Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). Yes * No Active or uncontrolled ulcerative colitis or Crohn's disease. Yes * No	Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes	*	No
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). Active or uncontrolled ulcerative colitis or Crohn's disease. Yes * No	Dehydration requiring medical intervention within the last 7 days.	Yes	*	No
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD). Active or uncontrolled ulcerative colitis or Crohn's disease. Yes * No	Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes	*	No
	Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes	*	No
Bariatric surgery within the last 12 months.	Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes	*	No
	Bariatric surgery within the last 12 months.	Yes	*	No

^{*}Physician's medical evaluation required.



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; decompres embolism or other hyperbaric injury can occur that require treatment in a recompression for the compression of the	n chamber. I

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.

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

I understand and agree that neither the dive professionals 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 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 program or as a result of the negligence of 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 and hold harmless the Discover Scuba Diving 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.

I further 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, etc., 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 and Assumption of Risk Agreement, 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 document 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.

Non-Agency Disclosure & Acknowledgement Agreement

I understand and agree that PADI members ("Members"), including FLOAT N' FLAG SPORT & **DIVE INC.** and/or any individual PADI Instructors and Diversaters 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, subsiduary 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.

I,, by this instrument	t do exempt and release the dive
professionals conducting this program, the facility through whic	h the program is conducted, and
PADI Americas, Inc. and all related entities and Released Parti	es as defined above from all liability
or responsibility whatsoever for personal injury, property dama	ige or wrongful death, however
caused, including, but not limited to, the negligence of the releasetive.	ased parties, whether passive or
I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF	THIS LIABILITY RELEASE AND
ASSUMPTION OF RISK AGREEMENT AND NON-AGENCY D	ISCLOSURE ACKNOWLEDGMENT
AGREEMENT BY READING BOTH BEFORE SIGNING BELOV	W ON BEHALF OF MYSELF AND MY
HEIRS AND AFFIRM THE MEDICAL QUESTIONNAIRE IS AC	CURATE.
Signature of Student	Dated
Signature of Parent or Guardians	
Signature of Parent or Guardians	Dated

