



PADI DISCOVER SCUBA DIVING + BUBBLEMAKER

Participant Registration Package

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____

Email: _____

Birthday: (Day, Month, Year): _____

Sex: Male Female Age: _____

T-Shirt Size: _____ (for fitting BCD)

Weight (lbs): _____ Shoe Size: _____

Discover Scuba (Age 10+): _____ Bubblemaker (kids 8 & 9): _____

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____



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 <i>Go to Box A</i>	No
2. I am over 45 years of age.	Yes <i>Go to Box B</i>	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 <i>Go to Box C</i>	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 <i>Go to Box D</i>	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 <i>Go to Box E</i>	No
8. I have had back problems, hernia, ulcers, or diabetes.	Yes <i>Go to Box F</i>	No
9. I have had stomach or intestine problems, including recent diarrhea.	Yes <i>Go to Box G</i>	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/yyyy)

Diver Medical | Participant Questionnaire Continued

Box A – I have/have had:

Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg: stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes	*	No
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes	*	No
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
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.	Yes	*	No

Box B – I am over 45 years of age AND:

I currently smoke or inhale nicotine by other means.	Yes	*	No
I have a high cholesterol level.	Yes	*	No
I have high blood pressure.	Yes	*	No
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

Box C – I have/have had:

Sinus surgery within the last 6 months.	Yes	*	No
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes	*	No
Recurrent sinusitis within the past 12 months.	Yes	*	No
Eye surgery within the past 3 months.	Yes	*	No

Box D – I have/have had:

Head injury with loss of consciousness within the past 5 years.	Yes	*	No
Persistent neurologic injury or disease.	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.	Yes	*	No
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes	*	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
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.	Yes	*	No

Box F – I have/have had:

Recurrent back problems in the last 6 months that limit my everyday activity.	Yes	*	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.	Yes	*	No
An uncorrected hernia that limits my physical abilities.	Yes	*	No
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.	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
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; 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.

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 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.

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.

Signature of Student

Dated

Signature of Parent or Guardians

Dated

