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**SCUBA COURSE AND ENROLMENT APPLICATION**  
 (CONFIDENTIAL INFORMATION)

Vehicle registration number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Code: \_\_\_\_\_  
 Permanent Address, if different: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Sex M / F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
 In case of emergency notify: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Previous diving instruction or experience? If Yes, When \_\_\_\_\_ Where? \_\_\_\_\_

How did you hear about this course?  
 Friend  Yellow Pages  Club  Technikon  Newspaper  Other

Why do you want to take diving instruction?  
 \_\_\_\_\_  
 \_\_\_\_\_

Mark the appropriate block if you have ever had any of the following apply to you, and explain under remarks indicating the number.  
 Use separate sheet if necessary.

1	Previous diving experience	15	Sinus trouble	29	Tuberculoses
2	Participate in active sports	16	Motion sickness	30	Respiration problems
3	Electrocardiogram	17	Claustrophobia	31	Persistent cough
4	Mental or emotional problems	18	Nervous breakdown	32	Breathing difficulty
5	Operation or illness	19	Glasses or contacts	33	Smoke
6	Hospitalized	20	Hearing difficulty	34	Diabetes
7	Serious injury	21	Alcoholic beverages	35	Chest pain
8	Physical handicap	22	Dental plates	36	Use of street drugs
9	Regular medication	23	Trouble equalizing pressure	37	Over 40 years old
10	Allergies, including drugs	24	Dizziness or fainting	38	Pregnant
11	Frequent colds or sore throats	25	Epilepsy	39	Using tranquilizers
12	Severe or frequent headaches	26	Heart trouble	40	Bronchitis
13	Rejected from any activity – medical reasons	27	Ear trouble	41	High blood pressure
14	Hay fever	28	Asthma	42	Any medical problem not listed

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all medications you are currently taking: \_\_\_\_\_  
 Date of last medical exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last chest X-Ray: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Medical Insurance Co: \_\_\_\_\_ Your Member No.: \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.  
 I am a minor and both my parents or guardians have signed below.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NAUI WAIVER, RELEASE AND INDEMNITY AGREEMENT**

I am aware that Scuba Diving Instruction and diving are hazardous activities, and I am voluntarily participating in these activities with knowledge of the danger involved and hereby agree to accept any and all risks of injury or death.

\_\_\_\_\_  
Initial

I further understand that by signing this document I am releasing any claims I may have against \_\_\_\_\_ as my Scuba Instructor or against *Scuba World* as the Sponsor/Promoter of this class from any liability for personal injury, property damage and/or wrongful death arising from my participation in the Scuba activities that I wish to engage in.

\_\_\_\_\_  
Initial

I understand that diving with compressed air involves certain risks, and injuries can occur which require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber, and nonetheless agree to proceed with such instructional dives. I hereby personally assume all risks in connection with said course for any harm, injury, or damage which may befall me as a result of my participation in the course, whether foreseen or unforeseen, and I still wish to proceed with the course in spite of the possible absence of a recompression chamber in proximity to the dive site.

\_\_\_\_\_  
Initial

Witness: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent or Guardian  
Where a student is a legal minor: \_\_\_\_\_

**STUDENT – INSTRUCTOR ARBITRATION AGREEMENT**

If the student and instructor wish to resolve any potential claims for professional negligence of the instructor through arbitration, rather than through the course, then both the instructor and the student must sign the agreement below.

1. It is understood and agreed that any dispute as to skin and scuba diving professional negligence, that is as to whether any of the skin and scuba diving instruction rendered under this contract where unauthorized or were improperly, negligently or incompletely rendered, will be determined to arbitration under the rules of the American Arbitration Association then pertaining.
2. It is further agreed and understood that this student – instructor agreement binds the parties hereto, their heirs, or personal representatives.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Student: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Parent or Guardian  
Where a student is a legal minor: \_\_\_\_\_

**MEDICAL FORM**

To the Physician:

This person is an applicant for training in diving with self-contained underwater breathing apparatus (SCUBA). This is an activity which puts unusual stress on the individual in several ways. Your opinion of the applicant's medical fitness is desired. An absolute requirement is the ability of the middle ear and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant.

You will note that the medical examination form presents two (2) alternative choices under IMPRESSION. If you conclude that diving is not in the individuals best interest, please discuss your option with the person.

Physician's Notes: (see opposite side for medical history)

IMPRESSION       APPROVAL                      (I find no defects which I consider incompatible with diving)  
                           DISAPPROVAL                      (This applicant has defects which in my opinion clearly would constitute unacceptable hazards to health and safety in diving)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_ M.D.

Address: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Phone No: (    ) \_\_\_\_\_

To the applicant:

Please evaluate yourself on the following skills, then tick and sign that you have completed it successfully.

**PREREQUISITES FOR SCUBA DIVER COURSES**

You need to be able to:

Competent / Non competent

- |  |               |
|--|---------------|
| 1. Swim 200 meters, non-stop, within 10 minutes, any style.                                  | _____ / _____ |
| 2. Float in the deep end of the pool for 10 minutes  | _____ / _____ |
| 3. Swim underwater, breath hold, 15 meters   |               |
| 4. Breathe through a snorkel, without a mask on and without pinching the nose for 5 minutes. | _____ / _____ |
| 5. Equalize pressure changes in the ears.  | _____ / _____ |

**PLEASE RETURN THIS FORM TOGETHER WITH PAYMENT TO SCUBA WORLD INTERNATIONAL**