

ALL AMERICAN SCUBA

OPEN WATER SCUBA CLASS REGISTRATION FORM

COURSE NAME: _____ LOCATION: _____ START DATE _____

Course Fee: _____ Deposit Amnt / date _____ Date Paid Full _____

Name: _____ **Date of Birth** _____ **Age** _____

Address _____

City _____ **State** _____ **Zip** _____

E-Mail _____

Contact Phone # _____

Do you have any previous diving experience? _____ IF yes, explain _____

How would you rate your swimming ability?: Poor _____ Fair _____ Good _____ Excellent _____

Reason for taking this course: _____

How did you hear about us? Friend _____ Dive Store _____ Radio _____ Internet _____ Other _____

In case of emergency contact: _____ Phone # _____

Address: _____ City/ State _____

Relationship _____

Are you taking any medications? _____ if so, what _____

Note: Please go to the All America Scuba.com web site and print a Medical Evaluation Form, complete it and submit with your Registration Form if you are mailing it in. It is also a good idea to look at the medical form and do a self evaluation.