Dive Leader Application

Student Info: **Personal and Confidential** **Please Print Clearly**

Name: _____ Birth Date: ____/____/____
Last / Family / Surname First / Given Initial Day / Month / Year

Address: _____ ❑M ❑F

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Phone: _____ Daytime Phone: _____

Email: _____

Occupation: _____ Referred by: _____

Emergency Contact:

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Relationship: _____ Relationship: _____

Home Phone: _____ Home Phone: _____

Work/Cell Phone: _____ Work/Cell Phone: _____

Diving History (Please provide a brief explanation of your diving history, attach additional sheets as necessary.):

_____

_____

_____

_____

_____

_____

_____

Advanced Open Water Diver: Agency: _____ Certification Date: Day / Month / Year Certification Number: _____
Instructor Name: _____

Rescue Diver: Agency: _____ Certification Date: Day / Month / Year Certification Number: _____
Instructor Name: _____

CPR/First Aid: Agency: _____ Certification Date: Day / Month / Year Certification Number: _____
Instructor Name: _____

Divemaster: Agency: _____ Certification Date: Day / Month / Year Certification Number: _____
Instructor Name: _____

Assistant Instructor: Agency: _____ Certification Date: Day / Month / Year Certification Number: _____
Instructor Name: _____

Open Water Instructor: Agency: _____ Certification Date: Day / Month / Year Certification Number: _____
Course Director/ Instructor Trainer Name: _____
Instructor Trainer Name: _____

As indicated by my signature below, I am mentally and physically prepared to enroll in this course, in addition, I have provided my Instructor accurate dive and medical histories.

Student Signature: _____ Date: ____/____/____
Day Month Year

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RSTC MEMBER

Student Name: _____

DIVEMASTER

Academic Session(s) and Review:
Date Completed: ____ /____/____ (Day / Month / Year)
# of Hours: _____

Pool/Confined Water Session(s):
Date Completed: ____ /____/____ (Day / Month / Year)
# of Hours: _____

Open Water Session(s):
Date Completed: ____ /____/____ (Day / Month / Year)
# of Hours: _____

The student above has completed all the Academic, Confined Water and Open Water requirements.

Location/Facility: _____

Instructor Name: _____ Instr. # _____

Instructor Signature: _____ Date: ____/____/____ (Day / Month / Year)

Assisting Instructor Name: _____ Instr. # _____

Student Signature: _____ Date: ____/____/____ (Day / Month / Year)

ASSISTANT INSTRUCTOR

Academic Session(s) and Review:
Date Completed: ____ /____/____ (Day / Month / Year)
# of Hours: _____

Pool/Confined Water Session(s):
Date Completed: ____ /____/____ (Day / Month / Year)
# of Hours: _____

Open Water Session(s):
Date Completed: ____ /____/____ (Day / Month / Year)
# of Hours: _____

The student above has completed all the Academic, Confined Water and Open Water requirements.

Location/Facility: _____

Instructor Name: _____ Instr. # _____

Instructor Signature: _____ Date: ____/____/____ (Day / Month / Year)

Assisting Instructor Name: _____ Instr. # _____

Student Signature: _____ Date: ____/____/____ (Day / Month / Year)

OPEN WATER INSTRUCTOR

Academic Session(s) and Review:
Date Completed: ____ /____/____ (Day / Month / Year)
# of Sessions/Hours: _____

Pool/Confined Water Session(s):
Date Completed: ____ /____/____ (Day / Month / Year)
# of Sessions/Hours: _____

Open Water Session(s):
Date Completed: ____ /____/____ (Day / Month / Year)
# of Sessions/Hours: _____

The student above has completed all the Academic, Confined Water and Open Water requirements.

Location/Facility: _____

Course Director/Instructor Trainer Name: _____ Instr. #_____

Course Director/IT Signature: _____ Date: ____/____/____ (Day / Month / Year)

Instructor Trainer Name: _____ Instr. #_____

Instructor Trainer Signature: _____ Date: ____/____/____ (Day / Month / Year)

Student Signature: _____ Date: ____/____/____ (Day / Month / Year)

Professional Course Check-Off Sheet

Check off the items listed below as they are completed.

SDI Divemaster

Send Copies to ITI HQ:

- ❑ Final Exam Answer Sheet
- ❑ Physician Sign-Off
- ❑ Dive Leader Application—Two Pages

SDI Assistant Instructor

Send Copies to ITI HQ:

- ❑ Final Exam Answer Sheet
- ❑ Physician Sign-Off
- ❑ Dive Leader Application—Two Pages

SDI Open Water Instructor

Send Copies to ITI HQ:

- ❑ Final Exam Answer Sheet
- ❑ Physician Sign-Off
- ❑ Dive Leader Application—Two Pages

Payment: ❑ Check Included ❑ Visa/MC/Disc./Amex: **Ship to:** ❑ Candidate ❑ Instructor ❑ Facility

Credit Card Number: _____ EXP Date: _____/_____ (Month / Year)

Credit Card Holder Signature: _____

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

For _____(**specify course**) training program under sanction through SDI.

(Only ONE course can be listed on this form)

Please read carefully. If any questions arise, ask your instructor before signing.

Fill in and initial each paragraph before signing at the bottom.

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving activities

_____ Further, I understand that diving with compressed air, oxygen enriched air (nitrox) involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotrauma/hyper baric injuries can occur that 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 of distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

_____ I understand and agree that neither my instructor(s)_____, the facility through which I received my instruction, _____, International Training and Scuba Diving International, nor the officers, directors, shareholders, affiliated companies, employees, agents, or assigns of the above listed entities and/or individuals, nor the authors of any materials including texts and tables expressly used for training and certification (hereinafter referred to as "Released Parties") may be held liable or responsible in anyway for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class or as a result of the negligence of any party, including the Released Parties, whether passive or active.

_____ In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury, or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen.

_____ I further agree to save, defend, indemnify, and hold harmless said course and Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification even if such claims may be groundless, false or fraudulent.

_____ I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving course, and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said course and Released Parties for any such injuries incurred by me.

_____ I understand that these activities may place me deeper than I am able to safely execute a free (without breathing gas) ascent from.

_____ I understand that I may be required to furnish my own equipment and that I am responsible for its operating condition and maintenance.

_____ 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 that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, _____ (AND OTHERS,_____), THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION _____, THE TRAINING AGENCY_____ AND INTERNATIONAL TRAINING, AND SCUBA DIVING INTERNATIONAL, AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, 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 EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

_____ _____ _____

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

_____ _____

Witness | Date Day / Month / Year

This document is required for all courses taught under sanction by Scuba Diving International.
No alterations, changes, omissions or revisions may be made.

Contact: Scuba Diving Int'l • 1321 SE Decker Ave., Stuart, Fl 34994 • 888-778-9073 phone • 877-436-7096 fax
worldhq@tdisdi.com tdisdi.com

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, blood, or have been diagnosed with COVID-19.**	**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) _____

Instructor Name (Print) _____ Facility Name (Print) _____

*** If you answered *YES*** to questions 3, 5 or 10 above ***OR*** to any of the questions in boxes A - G below, 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.

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	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 ☐
A diagnosis of COVID-19.	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.	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, 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 ☐

UNDERSEA & HYPERBARIC MEDICAL SOCIETY

RSTC RECREATIONAL SCUBA TRAINING COUNCIL®

Name (Print) Last / Family / Surname First / Given Initial

Daytime Phone

Cell Phone