

2DiVE4 DIVING COURSE BOOKING FORM

Please Complete ALL sections of this form before returning it to:

2DiVE4, 10 Chapel Hill, Stansted, Essex CM24 8AG
01279 815559 info@2dive4.co.uk www.2dive4.co.uk

Name:	
Address:	
Town:	
County:	
Postcode:	
Telephone:	
Mobile:	
Email:	

Date of Birth:	
Body Size: (Mens: S, M, M/L, L, XL) (Womens: 10, 12, 14, 16, 18) (Junior Age 8-10 or 10-12)	
Foot Size:	
Name of Course or Experience program:	
Course Price:	£
Course Dates:	

Booking Details

- To secure the booking of your course, 2DiVE4 require full payment of the course price and an additional £8 p&p if you would like any course materials to be sent out to you. If paying by cheque please make payable to 2DIVE4.
- If your course requires you to attend Open Water training venues you will be need to pay entrance fees at each venue on each day you attend.
- Kit hire is included for all swimming pool experiences and students in training for Open Water and Advanced Open Water courses. For all other programs kit is not included within the course price.
- Please ensure all sections of your booking form are completed and signed in full.

Terms & Conditions

- A minimum of 6 weeks notice is required for cancellation or any change in dates, otherwise full payment for your course will be lost or you will be liable for the full course fee.
- Any change in course dates will result in an administration fee for each and every change made and unless otherwise agreed. I understand I must complete my course in full within 90 days of the course date or be liable for additional administration fees.
- If open ended dates have been selected for this course, the course dates must be booked within 12 months from date of invoice. Refunds are not due on open ended dates after 28 days from date of invoice.
- If the weather or any other circumstance beyond the control of 2DiVE4 causes the course to be delayed, changed or cancelled, no liability can be accepted by 2DiVE4 for consequential loss, damage or expense incurred.
- Candidates using equipment loaned to them by 2DiVE4 and/or its instructors are financially liable for the cost of a new replacement item(s) if mentioned items are not returned in the same condition as they were borrowed or if they are lost.
- Candidates using their own diving equipment must inform the course instructor who will decide if it is suitable.
- 2DiVE4 or its employees cannot be held responsible for damage to equipment or injury caused by your negligence or otherwise.
- I understand reasonable time will be allocated to my training, however, if additional training is required to reach my certification level I understand that I will be financially liable for this additional instruction.
- I understand that my course is performance based and that if I do not reach a standard considered acceptable to my instructors I will fail my course and will still be liable for the full course fee. If I wish to repeat the course I will have to pay the course fee unless otherwise agreed.
- I understand that if not enough participants are found for my course, the dates may be changed. 2DiVE4 will not be held responsible for any additional expense this may cause.
- I understand that my course may be re-scheduled without refund of deposit if knowledge reviews are not completed prior to course start date and that any re-scheduled courses must be paid in full again.
- I understand that 2DiVE4 will not be held responsible for any of my personal belongings during the period of my course and it is recommended that jewellery be taken off during diving.

I have read the terms and conditions above. I fully understand them and agree to all the terms and conditions:

Participants/Payees Signature: _____

Date: _____

Signature of Parent or Guardian (Participants under 18)

DIVERS MEDICAL QUESTIONNAIRE

The purpose of this medical questionnaire is to find out if you should be examined by your Doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. **If any of these items apply to you, we must request that you consult with a physician prior to participating in Scuba Diving. Your Instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.**

- Y or N Could you be pregnant, or attempting to become pregnant?
Y or N Are you presently taking prescription medications? (with the exception of birth control and anti-malarial)
Y or N Are you over 45 years of age and can answer YES to one or more of the following?

Currently smoke a pipe, cigars or cigarettes? Have a high cholesterol level? Have a family history of heart attack or stroke?
Are currently receiving medical care? High blood pressure? Diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have.....

- Y or N Asthma, or wheezing with breathing, or wheezing with exercise?
Y or N Frequent or severe attacks of hayfever or allergy?
Y or N Frequent colds, sinusitis or bronchitis?
Y or N Any form of lung disease?
Y or N Pneumothorax (collapsed lung)?
Y or N Other chest disease or chest surgery?
Y or N Behavioural health, mental or psychological problems (panic attack, fear of closed or open spaces)?
Y or N Epilepsy, Seizures, convulsions or take medications to prevent them?
Y or N Recurring complicated migraine headaches or take medications to prevent them?
Y or N Blackouts or fainting (full or partial loss of consciousness)?
Y or N Frequent or severe suffering from motion sickness (seasick, carsick etc)?
Y or N Dysentery or Dehydration requiring medical intervention?
Y or N Any dive accidents or decompression sickness
Y or N Inability to perform moderate exercise (example 1.6km/1 mile within 12 mins)?
Y or N Head injury with loss of consciousness in the past 5 years?
Y or N Recurrent back problems?
Y or N Back or spinal surgery?
Y or N Diabetes?
Y or N Back, arm or leg problems following surgery, injury or fracture?
Y or N High blood pressure or take medicine to control blood pressure?
Y or N Heart Disease?
Y or N Heart Attack?
Y or N Angina, heart surgery or blood vessel surgery?
Y or N Sinus Surgery?
Y or N Ear disease or surgery, hearing loss or problems with balance?
Y or N Recurrent ear problems?
Y or N Bleeding or other blood disorders?
Y or N Hernia?
Y or N Ulcers or ulcer surgery?
Y or N A Colostomy or Ileostomy?
Y or N Recreational drug use or treatment for alcoholism in the past five years?

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

Participants Signature: _____

Date: _____

Signature of Parent or Guardian (Participants under 18)