



# DIVE HEART

## CONFINED / OPENWATER COURSE REGISTRATION FORM

<input type="checkbox"/> Adaptive Diver	<input type="checkbox"/> Adaptive Buddy	<input type="checkbox"/> Advanced Adaptive Buddy	<input type="checkbox"/> Adaptive Instructor	<input type="checkbox"/> Adaptive Instructor Trainer
Location & Dates Of Course Offering Being Requested:				
<b>STUDENT INFORMATION</b>				
First Name:	Last Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Birth date: mm/dd/yyyy / / Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Phone no.: ( )	
P.O. Box:	City:	State:		ZIP Code:
E-mail:				
Certification Level:				
<input type="checkbox"/> Open Water	<input type="checkbox"/> Advanced Open Water	<input type="checkbox"/> Rescue	<input type="checkbox"/> Divemaster	<input type="checkbox"/> Assistant Instructor <input type="checkbox"/> Instructor <input type="checkbox"/> Instructor Trainer
Certifying Agency:				
<b>INSTRUCTOR CANDIDATE INFORMATION</b>				
Agency:	Registration no.:	Certification date: / /	Shop Affiliation:	
<b>Instructor Certification and Liability Status:</b>				
I certify that I am Active Status instructor (most recent renewal date: ___/___/___) and am currently insured as an instructor and that I have named the Diveheart Foundation as an additional insured on my underwater liability insurance policy, as reflected on the attached Certificate of Insurance. For Diveheart teaching status please provide your professional underwater liability insurance information below:				
Insurance Company:	Policy Number:	Effective Dates: / / to / /		
Student/Guardian signature:			Date:	
<b>IN CASE OF EMERGENCY CONTACT</b>				
Primary Emergency Contact:	Relationship to student:	Phone no.: ( )	Do they accept texts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Secondary Emergency Contact:	Relationship to student:	Phone no.: ( )	Do they accept texts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PAYMENT INFORMATION</b>				
Amount enclosed or to be charged: \$	Refer to training flyer for pricing	***Make check payable to <b>Diveheart</b> ***		
Payment Method:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> Check <input type="checkbox"/> Money Order
Card Number:	Exp. Date:	Security Code:		
I hereby authorize payment of the above amount for the program detailed on this application form. I further authorize collection of any balance due 30 days prior to the program using the same credit card unless otherwise notified in writing prior to the relevant date.				
Signature:			Date:	