



License Checked	Y/N
DM Logged:	Y/N
Entered onto PADI	Y/N



Booking Form

SECTION 1 – To be completed by Customer – Please print clearly

Name _____

Address _____

Town / City _____

Post Code / ZIP _____ Country _____

Emergency Contact Number _____ Home Phone _____

Mobile _____ Email _____

Nationality _____ Date of Birth _____

1st Language _____ 2nd Language _____

How did you hear about us? _____ License Type and Level _____

Number of dives _____ Date of last dive _____

Terms and Conditions

- 1 All clients must agree to and sign the relevant PADI forms for all activities undertaken.
- 2 During all diving activities a BCD must be used and an alternate air source must be carried by all divers.
- 3 All services must be paid for in advance and refunds only given in exceptional circumstances at the discretion of Oceano de Rimas Lda/Dive Time.
- 4 We reserve the right to cancel or postpone activities due to unforeseeable circumstances e.g. weather conditions, logistic considerations and environmental reasons.
- 5 Any unacceptable behavior will result in immediate termination of diving services offered by Dive Time and no refund will be considered.
- 6 The decision of Dive Time's staff with regard to diving activities will be respected and accepted as final.
- 7 Any complaints will be made in writing within 7 days and sent to Oceano de Rimas Lda, Lote 24 Edifício Astrolábio Loja 1 Marina de Lagos, Lagos 8600-780, Portugal.
- 8 I agree that any lost or damaged equipment will be paid for as advertised.

I agree that I have read and understand these conditions and understand that they are a contractual agreement and not a mere recital.

Name (please print):

Signature:

Date:

Name of Parent or Guardian:

Signature:

Date:

Service	Date	Cost	Deposit	Initials	Paid	Date Paid	Initials



MEDICAL STATEMENT

Participant Record (Confidential Information)

<http://www.padi.com> and on MSN's Scuba! On-line magazine



Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by _____ and
Instructor
_____ located in the
Facility
city of _____ and state of _____.

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to enroll in the scuba-training program. If you are a minor, you must have this Statement signed by a parent.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers.

To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the instructor before participation in this program. You will also need to learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical History section, review them with your instructor before signing.

MEDICAL HISTORY

To the Participant:

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 preexisting condition that may affect your safety while diving and you must seek the advice of your physician.

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 a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

____ Could you be pregnant or are you attempting to become pregnant?

____ Do you regularly take prescription or nonprescription medications?
(with the exception of birth control)

____ Are you over 45 years of age *and* have one or more of the following?
• currently smoke a pipe, cigars, or cigarettes
• have a high cholesterol level
• have a family history of heart attacks or strokes

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

____ Asthma, or wheezing with breathing, or wheezing with exercise?

____ Frequent or severe attacks of hayfever or allergy?

____ Frequent colds, sinusitis or bronchitis?

____ Any form of lung disease?

____ Pneumothorax (collapsed lung)?

____ History of chest surgery?

____ Claustrophobia or agoraphobia (fear of closed or open spaces)?

____ Behavioral health problems?

____ Epilepsy, seizures, convulsions or take medications to prevent them?

____ Recurring migraine headaches or take medications to prevent them?

____ History of blackouts or fainting (full/partial loss of consciousness)?

____ Do you frequently suffer from motion sickness (seasick, carsick, etc.)?

____ History of diving accidents or decompression sickness?

____ History of recurrent back problems?

____ History of back surgery?

____ History of diabetes?

____ History of back, arm or leg problems following surgery, injury or fracture?

____ Inability to perform moderate exercise (example: walk one mile within 12 minutes)?

____ History of high blood pressure or take medicine to control blood pressure?

____ History of any heart disease?

____ History of heart attacks?

____ Angina or heart surgery or blood vessel surgery?

____ History of ear or sinus surgery?

____ History of ear disease, hearing loss or problems with balance?

____ History of problems equalizing (popping) ears with airplane or mountain travel?

____ History of bleeding or other blood disorders?

____ History of any type of hernia?

____ History of ulcers or ulcer surgery?

____ History of colostomy?

____ History of drug or alcohol abuse?

The information I have provided about my medical history is accurate to the best of my knowledge.

Signature Date

Signatures of Parents or Guardians Where Applicable Date



STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____, understand that as a diver I should:
(Print Name)

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognize the desirability of an alternate air source and a low-pressure buoyancy control inflation system.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation, and emergency procedures – with my buddy.
6. Be proficient in dive-table usage. Make all dives no-decompression dives and allow a margin of safety. Have a means to monitor depth and time under water. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 60 feet/18 metres per minute.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while under water. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving.
8. Breathe properly for diving. Never breath hold or skip breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and under water and dive within my limitations.
9. Use a boat, float, or other surface support station whenever feasible.
10. Know and obey local diving laws and regulations, including fish-and-game and dive-flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well being, and that failure to adhere to them can place me in jeopardy when diving.

Participant's Signature

Date (Month/Day/Year)

Signature of Parent or Guardian if Under 18

Date (Month/Day/Year)

Name of Diving Operation or Facility

Date (Month/Day/Year)

Authorized Signature for Diving Operation

Date (Month/Day/Year)