

WADI DIVING ADVENTURE APPLICATION RECORD

Student Name: _____ Family Name: _____ Date of Birth: _____ Sex M ☐ F ☐
 Phone (____) _____ Email _____ @ _____ address _____
 _____ City _____ Postal Code _____ State/Province _____ Country _____

Required dives for WADI Advanced Open Water Diver certification

Deep Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____	Navigation Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____
---	---

Rest of adventure dives

Altitude Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____	Boat Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____
Buoyancy mastery Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____	Coral reef and fish Identification Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____
Drift Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____	Dry suit Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____
Nitrox Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____	Night Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____
Search and recovery Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____	Sidemount mastery Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____
Underwater Digital Camera Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____	Underwater Scooter Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____
Wreck Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____	_____ Dive Knowledge Development Completion <input type="checkbox"/> Dive Completion Date ____/____/____ Instructor _____ Diver Signature _____ Date _____

I confirm that I do understand the requirements of this adventure dives and I have completed all these requirements successfully, I do understand that I need to extend my experience knowledge and that I need to complete the WADI specialty course for each dive, I realize that I can't exceed the limits and conditions I have been trained in, and after inactivity period that exceeding 6 months, I agree to attend WADI refreshment course.

Diver Signature _____ Date _____



www.divewadi.com

