

# Dive Leader Application



**Student Info:**

**Personal and Confidential**

**Please Print Clearly**

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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: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certification Number: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

**Rescue Diver:** Agency: \_\_\_\_\_ Certification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certification Number: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

**CPR/First Aid:** Agency: \_\_\_\_\_ Certification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certification Number: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

**Divemaster:** Agency: \_\_\_\_\_ Certification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certification Number: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

**Assistant Instructor:** Agency: \_\_\_\_\_ Certification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certification Number: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

**Open Water Instructor:** Agency: \_\_\_\_\_ Certification Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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

Student Name: \_\_\_\_\_

DIVE MASTER

**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.*

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.*

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.*

Course Director/Instructor Trainer Name: \_\_\_\_\_ Instr. # \_\_\_\_\_

Course Director/IT Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Instructor Trainer Name: \_\_\_\_\_ Instr. # \_\_\_\_\_

Instructor Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month YearStudent 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: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

## SCUBA DIVING INTERNATIONAL MEDICAL STATEMENT

Participant Record • Confidential Information • 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

\_\_\_\_\_  
(Participant) \_\_\_\_\_ and  
\_\_\_\_\_  
(Instructor) \_\_\_\_\_  
\_\_\_\_\_  
(Facility)

located in the city of \_\_\_\_\_ and  
State/Province of \_\_\_\_\_

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

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relative-

ly safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should 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 coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also 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 Questionnaire 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 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.

- |   |   |
|---|---|
| _____ Could you be pregnant, or are you attempting to become pregnant?  | _____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?             |
| _____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) | _____ Dysentery or dehydration requiring medical intervention?                                |
| _____ Are you over 45 years of age and can answer YES to one or more of the following?                          | _____ Any dive accidents or decompression sickness?   |
| • currently smoke a pipe, cigars or cigarettes  | _____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)? |
| • have a high cholesterol level   | _____ Head injury with loss of consciousness in the past five years?                          |
| • have a family history of heart attack or stroke   | _____ Recurrent back problems?  |
| • are currently receiving medical care  | _____ Back or spinal surgery?   |
| • high blood pressure   | _____ Diabetes?   |
| • diabetes mellitus, even if controlled by diet alone   | _____ Back, arm or leg problems following surgery, injury or fracture?                        |
| <b>Have you ever had or do you currently have...</b>  | _____ High blood pressure or take medicine to control blood pressure?                         |
| _____ Asthma, or wheezing with breathing, or wheezing with exercise?  | _____ Heart disease?  |
| _____ Frequent or severe attacks of hayfever or allergy?  | _____ Heart attack?   |
| _____ Frequent colds, sinusitis or bronchitis?  | _____ Angina, heart surgery or blood vessel surgery?  |
| _____ Any form of lung disease?   | _____ Sinus surgery?  |
| _____ Pneumothorax (collapsed lung)?  | _____ Ear disease or surgery, hearing loss or problems with balance?                          |
| _____ Other chest disease or chest surgery?   | _____ Recurrent ear problems?   |
| _____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?        | _____ Bleeding or other blood disorders?  |
| _____ Epilepsy, seizures, convulsions or take medications to prevent them?                                      | _____ Hernia?   |
| _____ Recurring complicated migraine headaches or take medications to prevent them?                             | _____ Ulcers or ulcer surgery ?   |
| _____ Blackouts or fainting (full/partial loss of consciousness)?   | _____ A colostomy or ileostomy?   |
|   | _____ Recreational drug use or treatment for, or 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.**

Signature \_\_\_\_\_

Date (Day / Month / Year) \_\_\_\_\_

Signatures of parents or guardians where applicable \_\_\_\_\_

Date (Day / Month / Year) \_\_\_\_\_

Name \_\_\_\_\_  
(Print) Last / Family / Surname \_\_\_\_\_  
First / Given \_\_\_\_\_  
Initial \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_