

Dive Leader Application



Student Info:

Personal and Confidential

Please Print Clearly

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Name: Singh Hardeep Birth Date: 27/10/1958
Last / Family / Surname First / Given Initial Day / Month / Year
 Address: Blk 936, #05-121 Tampines Ave 5
 City: Singapore State/Province: Singapore
 Zip/Postal Code: 520936 Country: Singapore
 Home Phone: 87133375 Daytime Phone: _____
 Email: hardeep@sysbit.com
 Occupation: Counsultant Referred by: _____

Emergency Contact:



Name: Sheila Ranjit Kaur Name: _____
 Address: Blk 936 #05-121 Tampines Ave 5 Address: _____
Singapore 520936
 Relationship: Sister Relationship: _____
 Home Phone: +6592326236 Home Phone: _____
 Work/Cell Phone: _____ Work/Cell Phone: _____

Diving History (Please provide a brief explanation of your diving history, attach additional sheets as necessary.):



Navy Diver, Singapore Navy, 1977 to 1982

Padi Divemaster

Advanced Open Water

Agency: _____ Certification Date: Day / Month / Year Certification Number: _____

Diver: _____ Instructor Name: _____

Rescue Diver:

Agency: PADI Certification Date: 19/11/2013 Certification Number: 2001AN6781

Instructor Name: STEVEN M/ CORDINGLEY

CPR/First Aid:

Agency: _____ Certification Date: Day / Month / Year Certification Number: _____

Instructor Name: _____

Divemaster:

Agency: PADI Certification Date: 17/04/2020 Certification Number: 450263

Instructor Name: _____

Assistant Instructor:

Agency: _____ Certification Date: Day / Month / Year Certification Number: _____

Instructor Name: _____

Open Water Instructor:

Agency: _____ Certification Date: Day / Month / Year 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? |
| Have you ever had or do you currently have... | _____ 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 _____