



# DISCOVER SCUBA® DIVING PROGRAM REGISTRATION FORM

**NOTE:** Send a copy of completed form to your PADI Regional Headquarters within 7 days of program completion.

**PADI Instructor Statement:** I have conducted all phases of the Discover Scuba Diving program (knowledge and safety review, confined water dive), including the optional open water dive if done, for this participant. **NOTE:** If the program for this participant was conducted by more than one PADI Instructor, send in this registration form, but do not complete the instructor information area below.

Dive Center/Resort \_\_\_\_\_ Dive Center No. S- \_\_\_\_\_ Location \_\_\_\_\_ City/State/Country \_\_\_\_\_

PARTICIPANT INFORMATION (Please Print)	PADI INSTRUCTOR INFORMATION
1. Name _____ First _____ Middle Initial _____ Last _____ Address _____ City _____ State _____ Postal/Zip _____ Country _____ Birthdate _____ M/D/Y _____ Email _____ Program Date _____ M/D/Y _____ Phone (_____) _____	PADI No. _____ Date _____ M/D/Y _____ Instructor Name (print) _____ First _____ Middle Initial _____ Last _____ Instructor Signature _____
2. Name _____ First _____ Middle Initial _____ Last _____ Address _____ City _____ State _____ Postal/Zip _____ Country _____ Birthdate _____ M/D/Y _____ Email _____ Program Date _____ M/D/Y _____ Phone (_____) _____	PADI No. _____ Date _____ M/D/Y _____ Instructor Name (print) _____ First _____ Middle Initial _____ Last _____ Instructor Signature _____
3. Name _____ First _____ Middle Initial _____ Last _____ Address _____ City _____ State _____ Postal/Zip _____ Country _____ Birthdate _____ M/D/Y _____ Email _____ Program Date _____ M/D/Y _____ Phone (_____) _____	PADI No. _____ Date _____ M/D/Y _____ Instructor Name (print) _____ First _____ Middle Initial _____ Last _____ Instructor Signature _____
4. Name _____ First _____ Middle Initial _____ Last _____ Address _____ City _____ State _____ Postal/Zip _____ Country _____ Birthdate _____ M/D/Y _____ Email _____ Program Date _____ M/D/Y _____ Phone (_____) _____	PADI No. _____ Date _____ M/D/Y _____ Instructor Name (print) _____ First _____ Middle Initial _____ Last _____ Instructor Signature _____
5. Name _____ First _____ Middle Initial _____ Last _____ Address _____ City _____ State _____ Postal/Zip _____ Country _____ Birthdate _____ M/D/Y _____ Email _____ Program Date _____ M/D/Y _____ Phone (_____) _____	PADI No. _____ Date _____ M/D/Y _____ Instructor Name (print) _____ First _____ Middle Initial _____ Last _____ Instructor Signature _____
6. Name _____ First _____ Middle Initial _____ Last _____ Address _____ City _____ State _____ Postal/Zip _____ Country _____ Birthdate _____ M/D/Y _____ Email _____ Program Date _____ M/D/Y _____ Phone (_____) _____	PADI No. _____ Date _____ M/D/Y _____ Instructor Name (print) _____ First _____ Middle Initial _____ Last _____ Instructor Signature _____