



REGISTRATION FORM									
DIVEMASTER					DEPOSIT TYPE				DATE
					PASSPORT	<input type="checkbox"/>	CASH	<input type="checkbox"/>	/ /
DIVER'S NAME					CONTACT DETAILS				
NAME					RESORT				
SURNAME					ROOM				
DATE OF BIRTH	/ /								
EMERGENCY CONTACT DETAILS									
NAME									
ADDRESS									
PHONE NUMBER									
EMAIL									
NATIONALITY									
EQUIP NEEDED		DIVE HISTORY							
REGS	<input type="checkbox"/>	CERT AGENCY	PADI SSI BSAC NAUI ANDI OTHER						
FINS	<input type="checkbox"/>	CERT LEVEL	DSD SD OW ADV (18) ADV (30) AOW RESC DM INSTR						
MASK	<input type="checkbox"/>	STUDENT ID	#						
WS	<input type="checkbox"/>	NUMBER OF DIVES	#						
BCD	<input type="checkbox"/>	DATE OF LAST DIVE							
DIN	<input type="checkbox"/>	PRIOR DCS	YES			<input type="checkbox"/>	NO		<input type="checkbox"/>
OTHERS	<input type="checkbox"/>	D.A.N INSURANCE							

I, _____ certify that the above information is true and correct and that I am scuba diving at my own risk and that neither I, nor my heirs, shall hold Coral Grand Divers, Coral Grand Resort or any Coral Grand affiliate(s), servants or agent liable for any injuries or damages either directly or indirectly caused.

I further understand that as a certified diver, I am responsible for providing my own medical and/or recompression insurance cover and that I am directly responsible for my own actions.

I further understand that Coral Grand Divers has limited medical insurance and that any claims against that insurance must first be paid in full by the certified diver.

Signature:

Date: