

Student Info:

Personal and Confidential

Print Clearly



Name: _____ Birth Date: _____
Last / Family / Surname First / Given Initial Day / Month / Year

Address: _____

M F
 Single
 Married

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: _____



How did you hear about our scuba courses or our dive center?

- Friend/Family member
- Internet Radio Newspaper
- Yellow Pages Other _____

Have you ever participated in any diving activities?

Where? _____

When? _____

What additional SDI courses interest you?

- Advanced Diver
- Rescue Diver
- Master Scuba Diver
- Divemaster
- Assistant Instructor
- Instructor

Specialties:

- Advanced Adventure Diver
- Advanced Buoyancy
- Altitude Diver
- Boat Diver
- Computer Diver
- Computer Nitrox Diver
- Deep Diver
- Drift Diver
- DPV Diver
- Dry Suit Diver
- Equipment Specialist
- Full Face Mask Diver
- Ice Diver
- Marine Ecosystems Awareness
- Night/ Limited Visibility Diver
- Research Diver
- Search & Recovery Diver
- Shore/Beach Diver
- Solo Diver
- Underwater Hunter & Collector
- Underwater Navigation
- Underwater Photographer
- Underwater Video
- VIP
- Wreck Diver
- TDI
- ERDI

What dive destinations interest you?

- Australia Bahamas Bermuda Canada Caribbean Florida
- Hawaii Mexico Micronesia New Zealand Red Sea
- US East Coast US West Coast Other _____



Diver Training Record

Course: _____

Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____

Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____

Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____

Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____

Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____

Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name _____ SDI Inst # _____

Course: _____

Certificate Date: _____ / _____ / _____
Day / Month / Year

Instructor Name _____ SDI Inst # _____