

REGISTRATION FORM

Please print clearly in CAPITAL LETTERS

Name: _____		Certification Level: _____	
Date of Birth: _____	Postal Code: _____	Last Dive Date: _____	Total No. Dives: _____
Mailing Address: _____		Hotel Name: _____	Room: _____
City: _____		Arrival Date: _____	Departure Date: _____
Country: _____	Phone _____	.	
Email: _____		Visa details _____	

Mode Of Payment: Cash Visa /Master Card

	DAYS	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
EQUIPMENT	DATE													
Full Equipment Set	€ 22.00													
Wetsuit	€ 6.50													
Regulator	€ 6.50													
BCD Jacket	€ 6.50													
Mask	€ 2.50													
Snorkel	€ 1.50													
Fins	€ 2.50													
Weight Belt / Weights (Kg)	-													
Computer	€ 10.00													
Torch (incl. batteries)	€ 10.00													
Nitrox 10-12 (L) - per Tank	€ 5.82													
Nitrox 15 (L)- per Tank	€ 7.50													
Snorkeling Set	€ 10.00													
TOTAL€														
Diving with equipment hired	DATE													
1 dive	€ 35.00													
2 dives	€ 65.00													
4 dives	€ 125.00													
6 dives	€ 185.00													
8 dives	€ 225.00													
10 dives	€ 290.00													
DSD	€ 65.00													
TOTAL€														
Diving with your own equip	DATE													
1 dive	€ 28.00													
2 dives	€ 55.00													
4 dives	€ 100.00													
6 dives	€ 140.00													
8 dives	€ 175.00													
10 dives	€ 200.00													
Boat dive per dive	€ 10.00													
Gozo	€ 17.00													
Snorkel trips	€ 35.00													
Night dive	€ 10.00													
TOTAL €														
GRAND TOTAL €														

By signing this contract I agree to pay the above cost and I agree to pay the replace cost for any damage or lost equipment I have from Seashell Co Ltd.

Name: _____ Signed: _____ Date: _____/_____/2010

Medical Statement

To the Participant:

You must complete this Medical Statement, which includes the medical-history information Section, prior to enjoying any recreational scuba diving services. Its purpose is to inform you whether you should be examined by a physician before participating in recreational diving training. If any of these conditions apply to you, this does not necessarily disqualify you. It only means that for your own safety, you must seek the advice of a physician prior to participating in recreational scuba diving.

Please acknowledge that you have read and understood the information provided below. Please answer **YES** or **No** and **INITIAL, EVERY** one of the questions.

1. YOU MUST CONSULT A PHYSICIAN IF :	Yes/No	Initials
you are pregnant or you suspect you may be pregnant		
you regularly take medications (with the exception of birth control)		
you are over 45 years of age and you smoke or you have a high cholesterol level		
2. YOU MUST CONSULT A DOCTOR IF YOU EVER HAD	Yes/No	Initials
Asthma, or wheezing with breathing, or wheezing with Exercise		
Any form of lung disease		
Pneumothorax (collapsed lung)		
History of chest surgery		
Claustrophobia or agoraphobia (fear of closed or open spaces)		
Epilepsy, seizures, convulsions or take medications to prevent them		
History of blackouts or fainting (full/partial loss of consciousness)		
History of diving accidents or decompression sickness		
History of diabetes		
History of high blood pressure or take medications to control blood pressure		
History of any heart disease		
History of ear disease, hearing loss or problems with balance		
History of thrombosis or blood clotting		
Psychiatric diseases.		
3. I AM AWARE THAT I COULD BE UNFIT TO DIVE IF I HAVE OR DEVELOP ANY OF THE FOLLOWING CONDITIONS:	Initials	
cold, sinusitis, or any breathing problems (e.g. bronchitis, hay fever)		
acute migraine or headache		
any kind of surgery within the last 6 weeks		
under influence of alcohol, drugs or medications effecting the ability to react		
Fever, dizziness, nausea, vomiting and diarrhoea		
problems equalising (popping ears)		
acute gastric ulcers		
Pregnancy		

I confirm that the answers to the questions above are true and complete.

Seashell Co Ltd accept your diving with them on the condition that you fully understand that you dive on your own responsibility and will not hold Seashell Co Ltd, its directors or its employees, liable for any loss or incident occurring during or travelling to and from any dive. The missing diving session without prior 24hrs notice or written authorization from the Doctor will not be refunded.

Signature

Date

Parental/Guardian consent where participant is a minor.

Name of Parent/Guardian*

* delete as applicable

Address

Signature

Date

This declaration is valid for one year from date of signature