



Participant Signature -

www.maltadiving.com www.pdsa.org.mt

Customer Registration Form

Address Abroad F-Mail	Demographic Information		
Address Abroad	Full Name		D.O.B
E-Mail Phone Number Mobile Fax	Address in Malta		
Phone Number	Address Abroad		
Emergency Contact Contact Address Relationship	E-Mail		Departure Date
Relationship	Phone Number	Mobile	Fax
Please tick this box if you would not like to receive further info regarding our diving activities FOR DIVE CENTRE USE ONLY	Emergency Contact		
Please tick this box if you would not like to receive further info regarding our diving activities FOR DIVE CENTRE USE ONLY	Contact Address		
Statement of Risks and Liability Statement of Risks and Liability Training & Education, (2) Rental of Scuba Equipment & Supply of Breathing Gases, (3) Guided & Organized Diving Training & Education, (2) Rental of Scuba Equipment & Supply of Breathing Gases, (3) Guided & Organized Diving Training & Education, (2) Rental of Scuba Equipment & Supply of Breathing Gases, (3) Guided & Organized Diving Training & Education, (2) Rental of Scuba Equipment & Supply of Breathing Gases, (3) Guided & Organized Diving Training & Education, (2) Rental of Scuba Equipment & Supply of Breathing Gases, (3) Guided & Organized Diving Training & Education, (2) Rental of Scuba Equipment & Supply of Breathing Gases, (3) Guided & Organized Diving Training & Education, (2) Rental of Scuba Equipment & Supply of Breathing Gases, (3) Guided & Organized Diving Training & Education, (3) Rental of Scuba Equipment & Supply of Breathing Gases, (3) Guided & Organized Diving Training & Education, (3) Rental of Scuba Equipment & Supply of Breathing Gases, (3) Guided & Organized Diving Training & Education, (4) Rental of Scuba Equipment & Supply of Breathing Gases, (3) Guided & Organized Diving Training & Education, (4) Rental of Scuba Equipment & Supply of Breathing Gases, (3) Guided & Organized Diving Training & Education, (4) Rental of Scuba Equipment & Supply of Breathing Gases, (4) Guided & Organized Diving Training & Education, (5) Rental of Scuba Equipment & Supply of Breathing Gases, (4) Guided & Organized Diving Training & Education, (5) Rental of Scuba Equipment & Supply of Breathing Gases, (4) Guided & Organized Diving Training & Education, (5) Rental of Scuba Equipment & Supply of Breathing Gases, (6) Guided & Organized Diving Training & Education, (6) Rental of Breathing Gases, (7) Guided & Organized Diving Gases, (7)	Relationship		Phone No
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BSAC Level Dependence of the company	FO	R DIVE CENTRE USE C	ONLY
CMAS Card No. Deepsst Dive to Date Date of Last Dive Date Date of Last Dive Date D	Certification Agency	Certification	Record of Dives
PAD	BSAC	Level	Number of Logged Dives
Service Required Staff Details Training Course Level Staff Name Guided Diving Pack Organized Dive Hire/Refills Staff Signature Date Staff Signature Date Statement of Risks and Liability RE: (I) Training & Education, (2 Rental of Scuba Equipment & Supply of Breathing Gases, (3 Guided & Organized Diving of the divide centre.) This is a statement in which you are informed of the risks of skin and scuba diving and/or using diving equipment and breathing gases independently of the divide centre. This statement also sets out the circumstances in which you can participate in diving courses/activities, organize and conduct scuba diving activities at your winsk and/or hire/Supply of breathing gases. Your signature below is required as proof that you have read and understood this statement. If you do not understand anything contained in this statement, then please discuss it with the Dive Centre staff. If you are a mimor, this form must also be read and signed by a parent or guardian. The please discuss it with the Dive Centre staff. If you are a mimor, this form must also be read and signed by a parent or guardian. If you are a mimor, this form must also be read and signed by a parent or guardian. If you are a mimor, this form must also be read and signed by a parent or guardian. If you are a mimor, this form must also be read and signed by a parent or guardian. If you are a mimor, this form must also be read and signed by a parent or guardian. If you are a mimor, this form must also be read and signed by a parent or guardian. If you are a mimor, this form must also be read and signed by a parent or guardian. If you are a mimor, this form must also be read and signed by a parent or guardian. If you are a mimor, this form must also be read and signed by a parent or guardian. If you are a mimor, this form must also be read and signed by a parent or guardian. If you are a mimor, this form must also be read and signed by a parent or guardian. If you are a mimor, this form must also be read and signed guardia	=	_	
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on the sites and brief qualified divers on guided and/or organized dives, it remains your responsibility to decide whether the dive is within your qualification and/or experience level, and whether to participate in the dive or not. It is also your responsibility to conduct a personal dive plan and equipment safety check with your diving partner. You must advise truthfully and fully inform the staff and the Dive Centre of your scuba diving certification and experience. 8) Exclusion of Liability. Notwithstanding the Dive Centre's third party liability insurance covering diving activities, neither the Dive Centre, nor its owners, management, and instructors contracted by the Dive Centre or the training agency, accept any responsibility for the death, injury or other loss suffered or caused by you or resulting from your own conduct or any other matter or condition under your control. Your participation in courses, scuba diving activities and/or the rental of diving equipment, supply of breathing gases and scuba diving independent of the Dive Centre is at your own risk. 9) Jurisdiction and Applicable Law. Any dispute or claim arising from the services and products offered by the Dive Centre shall fall within the jurisdiction of the Courts of Malta and shall be subject to the laws of Malta. By signing this form you acknowledge that you have read and understood the above statements.	to other persons or entities under any circumstan	ceš.	
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By signing this form you acknowledge that you have read and understood the above statements.	 Jurisdiction and Applicable Law. Any disp 	oute or claim arising from the services and products o	offered by the Dive Centre shall fall within the jurisdiction
Participant Name Parent/Guardian Name	By signing this form you acknowledge that	nt you have read and understood the abo	ve statements. Date
	Participant Name	Parent/Guardian Nan	ne

Parent/Guardian Signature =



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Medical Screening Statement

The purpose of this medical information sheet is to inform you whether a physician should examine you before participating in recreational scuba diving training and activities. If any of these conditions apply to you, this does not necessarily disqualify you from recreational diving, but, for your own safety you must consult a physician prior to participating in scuba diving activities. If in doubt, you must seek the advice of a physician. Please tick the "YES" box if the statement has applied and/or applies to you or the "NO" box if the statement has never and/or does not apply to you.

	Yes	No	Declaration
Pregnant or you suspect you may be pregnant			I am aware that I could be unfit to dive if I
Taking medications (with the exception of			currently have or develop any of the following conditions:
birth control)			conditions:
Over 45 years of age and you smoke	H	H	• Cold, sinusitis, or any breathing problem (e.g. bronchitis,
Over 45 years of age and you have a high cholesterol level	Ш	Ш	hay fever)
Over 60 years of age			Acute migraine or headacheAny kind of surgery within the last six weeks
			 Under the influence of alcohol, drugs or medication affecting
Did you ever have?	Yes	No	the ability to react
Asthma, or wheezing with breathing			Fever, dizziness, nausea, vomiting and diarrheaProblems equalizing (popping ears)
or with exercise			Acute gastric ulcers
Any form of lung disease	H	H	Pregnancy or suspected pregnancy
Pneumathorax (collapsed lung) Claustrophobia or agoraphobia	H	H	I confirm the answers to the statements in this
(fear of closed or open spaces)			medical screening statement are accurate to the
Epilepsy, seizures, convulsions or take			best of my knowledge.
related medications			I percent full recognition for failing to displace
History of head injuries or blackouts or fainting	Щ	Ш	I accept full responsibility for failing to disclose any past or existing medical condition.
History of serious disability/injury	Щ	Ш	31
History of diving accidents or decompression sickness			I accept full responsibility to retake this screening
History of diabetes			should my medical status change, or should I become unsure of the statement given during the
History of high blood pressure	П	П	course of my scuba diving activities.
or take related medications			
History of any heart disease	닏	Ш	This declaration is otherwise valid for 1 (one) year from date of signature.
History of ear disease, hearing loss or			
problem with balancing History of thrombosis or blood clotting			Participant Signature
Psychiatric disease	H	H	Participant Name
1 Sychillate disease		ш	Date of Birth
Physician's Statement			
In my opinion, the applicant is fit to take part in scuba diving activities	ı recreat	ional	Parent/Guardian Confirmation (where applicable)
Physician's Signature			Parent/Guardian Signature
Physician's Full Name			Parent/Guardian Name
Postal Address			Talento Galialan Manne
Date			Date
Notes			