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**Sport**  
MANITOBA

## Diver Registration Form

**Event:** \_\_\_\_\_

### **PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **DIVING QUALIFICATIONS & EXPERIENCE**

Certifying agency (e.g. PADI, NAUI, SSI, ACUC): \_\_\_\_\_

Maximum Level Certificate obtained: \_\_\_\_\_

Date of last certification: \_\_\_\_\_

Date of most recent open water dive: \_\_\_\_\_

### **MEDICAL INFORMATION**

Emergency contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's Address: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

Are you allergic to any drugs? \_\_\_\_\_

Do you have any medical conditions that may be affected by diving?    YES    NO

Explain: \_\_\_\_\_

### **OTHER INFORMATION**

Are you a member of DAN?    YES    NO    Member # \_\_\_\_\_

Are you a Member of M.U.C.?    YES    NO

### **PAYMENT OPTIONS**

Cash / Cheque

\$ \_\_\_\_\_ => M.U.C. Member

\$ \_\_\_\_\_ => Non M.U.C. Member

### **DIVER'S STATEMENT**

The information I have provided is complete and true to the best of my knowledge. I have read and understood the Event Diving Regulations, signed the Waiver form and agree to abide by them.

Diver's signature \_\_\_\_\_ Date \_\_\_\_\_

(Version 1.0)