

Basic Student Information

All fields are required. Enter N/A as appropriate

Student's Full Name: _____

Date of Birth: _____ Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone Number To Reach You At: _____

Email: _____

Have they ever received swim lessons? If yes, please include the facility and the level they most recently completed:

Please include any other information that may be critical for our instructors to know (Fears, Preference on instructor's gender, etc.):

How did you hear about our swim program? _____

Diving Locker Ski Chalet Swim School Policies

Current Lesson Packages Offered:

4 Lessons (\$65.00)

8 Lessons (\$130.00)

12 Lessons (\$195.00)

Swim lessons are not refundable

- These packages allow you to reschedule anytime outside of 24 hours. If you need to reschedule inside of 24 hours, it will be a \$9 rescheduling fee unless a doctor's note can be provided.
- As a courtesy to our swim instructors if you show up more than 15 minutes late to your swim lesson, you can either reschedule it for a \$9 fee or you will forfeit the lesson. If you show up less than 15 minutes late, then you may continue the lesson for the remainder of the time that you have (you will not receive the full 30 minute lesson).
- When you buy a package, you will be able to choose a time and a day of the week that works for you for that package. However, when your package runs out, that spot that you chose will no longer be held. We will try our best to remind you when your last lesson is but please try and keep track yourself.
- We understand child bonding. We will try our best to keep your child with the same swim instructor but an instructor is not guaranteed.
- We also understand that different family members may take turns bringing students in for their lessons. Please make sure that there is good communication between all family members as far as any schedule changes.
- Each student is required to have their own swim goggles, this is for sanitary reasons.
 - Goggles may be purchased from the Diving Locker Ski Chalet!

Print Name: _____

Signature: _____

Date: _____



EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, RELEASE OF LIABILITY AND WAIVER OF CLAIMS

PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with snorkeling, skin and/or scuba diving, and instruction related thereto ("Diving Activities").

I understand that these risks can lead to severe injury and even loss of life.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber.

I understand that snorkeling, skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during Diving Activities, and that if I am injured as a result of heart attack, stroke, panic, hyperventilation, drowning or any other cause, that I expressly ASSUME THE RISK of said injuries and that I will not seek to hold any other party responsible for the same.

I understand that Diving Activities may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber and competent medical assistance. Despite this, I choose to proceed with these Diving Activities even in the absence of a recompression chamber and competent medical assistance.

I understand that there are hazards and risks associated with travel to and from dive sites ("Dive Travel"), including, but not limited to the possible injury or loss of life as a result of a boating accident

Regardless of the potential hazards and risks associated with Diving Activities and Dive Travel, I wish to proceed and I HEREBY PERSONALLY ASSUME ALL HAZARDS AND RISKS, including possible personal injury, loss of life and/or property damage, arising out of or in connection with Diving Activities and/or Dive Travel, whether foreseen or unforeseen, that may befall me while I am a participant in these activities.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of being allowed to participate in Diving Activities, Dive Travel, and use the facilities and equipment of the parties listed below, I understand and agree that neither my:

Instructor(s): Brandon Wolters, Anna Kelly, Ben Stevens

The facility through which I receive my instruction: Off Shore Sports dba Diving Locker Ski Chalet

Others: Scuba Schools International

nor the National Association of Underwater Instructors, Inc., nor their affiliate and subsidiary organizations, nor any of their respective employees, officers, directors, representatives, agents, contractors, volunteers, or assigns (hereinafter collectively referred to as the "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me or my property that may occur as a result of my participation in Diving Activities or Dive Travel, or as a result of the negligence of any party, including the Released Parties, whether passive or active, foreseen or unforeseen.

I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS OR CAUSES OF ACTION THAT I, MY ESTATE, HEIRS, EXECUTORS OR ASSIGNS MAY HAVE FOR PERSONAL INJURY, PROPERTY DAMAGE OR LOSS OF LIFE BASED UPON NEGLIGENCE, ACTIVE OR PASSIVE WITH THE EXCEPTION OF GROSS NEGLIGENCE, FORESEEN OR UNFORESEEN, WHICH ARISE FROM DIVING ACTIVITIES OR DIVE TRAVEL.

By executing this Agreement, I agree to hold the Released Parties harmless from and against all claims or causes of action for any personal injury, property damage, or loss of life which may occur during Diving Activities or and/or Dive Travel.

I hereby declare that I am of legal age and am competent to sign this Agreement, or if not, that my parent or legal guardian shall sign on my behalf and that my parent or legal guardian is in complete understanding and concurrence with this Agreement.

I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the Released Parties other than what is set forth in this Agreement.

I agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America. If any provision, section, subsection, clause or phrase of this Agreement is found to be unenforceable or invalid, that part shall be stricken from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable or invalid part had never been contained herein. -

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties on my behalf or as a result of my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature of Participant _____ Date _____

Witness (Name) _____ Signature _____
Signature of Parent or Guardian If Participant Is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

Signature of Parent or Guardian _____ Date _____

Witness (Name) _____ Signature _____



MEDICAL EVALUATION AND PHYSICIAN APPROVAL FORM

Please read carefully before signing

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by _____

and _____ located in the city of _____, state/province of _____
Instructor(s)
Facility

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian. Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury.

You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a YES (Y) or NO (N). If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving.

If at any time during your dive training your medical condition changes, notify your NAUI Instructor immediately and complete a new Medical History Form.

<p>Have you ever had or do you currently have (Y/N):</p> <p><input type="checkbox"/> Could you be pregnant, or are you attempting to become pregnant?</p> <p><input type="checkbox"/> Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)</p> <p><input type="checkbox"/> Are you over 45 years of age and can answer YES to one or more of the following?</p> <p><input type="checkbox"/> currently smoke a pipe, cigars or cigarettes</p> <p><input type="checkbox"/> you are currently receiving medical care</p> <p><input type="checkbox"/> you have a family history (in blood relatives) of heart attack or stroke</p> <p><input type="checkbox"/> you have been diagnosed with either of:</p> <p>- a high cholesterol level or</p> <p>- diabetes mellitus even if controlled by diet alone?</p> <p><input type="checkbox"/> Have you ever been told you have high blood pressure (or do you take medicine for high blood pressure)?</p> <p><input type="checkbox"/> Have you ever had a "heart attack", heart surgery or blood vessel surgery?</p> <p><input type="checkbox"/> Do you experience chest pain/discomfort or excessive/unexplained shortness of breath or fatigue associated with exercise?</p> <p><input type="checkbox"/> Do you struggle to perform moderate exercise (example: walk 1 mile in 12 minutes)?</p> <p>To your current knowledge, has a close "blood" relative ever been told that you/they suffer from:</p> <p><input type="checkbox"/> a cardiomyopathy</p> <p><input type="checkbox"/> long QT syndrome</p> <p><input type="checkbox"/> Marfan's syndrome or</p> <p><input type="checkbox"/> A heart rhythm problem that limits exercise, causes fainting or needs a pacemaker?</p> <p><input type="checkbox"/> Are you presently taking prescription medicines? If yes, attach a list of your medications.</p>	<p>Have you ever had or do you currently have (Y/N):</p> <p><input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise?</p> <p><input type="checkbox"/> Frequent or severe attacks of hay fever or allergy?</p> <p><input type="checkbox"/> Frequent colds, sinusitis or bronchitis?</p> <p><input type="checkbox"/> Any form of lung disease?</p> <p><input type="checkbox"/> Pneumothorax (collapsed lung)?</p> <p><input type="checkbox"/> Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?</p> <p><input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them?</p> <p><input type="checkbox"/> Recurring complicated migraine headaches or take medications to prevent them?</p> <p><input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness)?</p> <p><input type="checkbox"/> Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?</p> <p><input type="checkbox"/> Dysentery or dehydration requiring medical intervention?</p> <p><input type="checkbox"/> Any dive accidents or decompression sickness</p> <p><input type="checkbox"/> Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?</p> <p><input type="checkbox"/> Head injury with loss of consciousness in the past five years?</p> <p><input type="checkbox"/> Recurrent back problems?</p> <p><input type="checkbox"/> Diabetes?</p> <p><input type="checkbox"/> Back, arm or leg problems following surgery, injury or fracture? Sinus surgery?</p> <p><input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance?</p> <p><input type="checkbox"/> Recurrent ear problems?</p> <p><input type="checkbox"/> Bleeding or other blood disorders?</p> <p><input type="checkbox"/> Hernia?</p> <p><input type="checkbox"/> Ulcers or ulcer surgery?</p> <p><input type="checkbox"/> A colostomy or ileostomy?</p> <p><input type="checkbox"/> Recreational drug use or treatment for, or alcoholism in the past five years?</p>
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The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature _____ Date _____ Signature of Guardian _____ Date _____



MEDICAL EVALUATION AND PHYSICIAN APPROVAL FORM

STUDENT

Please print legibly.

Name _____ Birth Date _____ Age _____
First Initial Last Day/Month/Year

Mailing Address _____

City _____ State/Province/Region _____

Country _____ Zip/Postal Code _____

Home Phone () _____ Business Phone () _____

Email _____ FAX () _____

Name and address of your family or primary care physician

Physician _____ Clinic/Hospital _____

Address _____

Date of last physical examination _____

Name of examiner _____ Clinic/Hospital _____

Address _____

Phone () _____ Email _____

Were you ever required to have a physical for diving? Yes No If so, when? _____

PHYSICIAN

This person is applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

Physician's Impression

- I find no medical conditions that I consider incompatible with diving.
- I am unable to recommend this individual for diving.

Remarks _____

Physician's Signature

(day/month/year)

Physician _____ Clinic/Hospital _____

Address _____

Phone () _____ Email _____