PUSHYNUSHIMA INTRODUCTORY DIVING

● DIVER FECORD FILE ●

	• DIVER LEGGRETIEL	. •		
Hotel:	The lodging da	ys:	/ /	
		Month	day	year
Name:	A	ge:		
Address:				
Phone:				
	EMERGENCY CONTACT INFO	RMATION ●		
Name:		Relationship:		
Phone:	A FOUR DMENT 0175	_		
	EQULPMENT SIZE			
Height:	cm	Weight:		kg
Foot size:	cm			
	MEDICAL CHECK	•		
Before you join t	he INTRODUCTORY DIVING with us, we r	need to know about	vour health	
	or your own safety, please mark the foll		your mountin	
'	n your own safety, please mark the for	owing you apply.		
	bronchitis. \square Frequent or se	vere attacks of hay	fever or allerg	у.
	ling loss or problems with balance.			
	obia.(fear of closed or open spaces) tory organs. History of chro	nnic disease		
	thma, other) (heart disease, I		diabetic, other))
	on or nonprescription medications.			
Frequently suffer from mot	ions sickness.(sea, car, etc)			
∃ Been pregnant or attemptir				
☐ History of drug or alcohol a	buse.			
	 STATEMENT OF UNDERSTAN 	DING		
INTI	RODUCTORY DIVING requires a special m I will be responsible about below for m			
During the tour, I will listen of the court	ded in medical check is accurate to best carefully to directions and respect those luence of alcohol or drugs, lack of sleep,	supervising my acti		
that may give affections on the accident that may of the captain, the instructor, o	ccur during the snorkelling tour, I will no	t claim damages or	make suits ada	inst

5.1 will not claim damages or state any suit against any of the staffs for any kind of accident that may occur.
6.1 will not dive on the day I have boarding plans.

Signature	