

**LADIES SCUBA DIVE REGISTRATION FORM 2016**

TITLE Miss Mrs Dr Ms Circle as appropriate

CHRISTIAN NAME \_\_\_\_\_

SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

QUALIFICATION Circle as appropriate

OPEN WATER OR EQUIVALENT/ADVANCED OPEN WATER/RESCUE DIVER/DIVE MASTER/INSTRUCTOR

EMAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

I AGREE TO PLEDGE A MINIMUM OF £25 TOWARDS MENINGITIS RESEARCH Pledges can be made on the Jersey Seasearch Website: <http://www.jerseyseasearch.org/LadiesScuba2016.html> using PAYPAL

I HAVE ALL MY OWN SCUBA EQUIPMENT  Please tick

I WILL NEED TO HIRE THE FOLLOWING & I WILL CONTACT THE DIVE CENTRE BEFORE JULY 11<sup>th</sup> TO DO SO:

Please tick WETSUIT  MASK SNORKEL  FINS  BCD  BOOTS  HOOD  WEIGHT BELT  REGULATOR

**Jersey Women’s Scuba Record Dive Liability.**

I understand that the dive I partake in on Sunday 17<sup>th</sup> July 2016 is not a PADI course or PADI Programme, nor is it a Bouley Bay Dive Centre or Jersey Seasearch Programme. This is an event organised solely for Charity. I am partaking in this dive at my own risk and understand no person or organisation is liable for my safety other than myself, I understand that I will adhere to my training. I am qualified to dive in this environment and have refreshed my skills or have made a dive within the last six months. If using my own gear I have checked this gear is in working order and serviced. I also am medically and physically fit to make this dive.

I will listen to the dive briefing and will ask a coordinator if there are any questions.

Signed .....

Name.....

Date.....

Diver Level.....

Emergency Contact name.....

Emergency Contact Number.....

Please return to [jerseyseasearch@gmail.com](mailto:jerseyseasearch@gmail.com)

JERSEY SEASEARCH, Pas Encore, Kings Close, St Clement, Jersey JE2 6LE TEL. 07797 741714.