

DISCOVER SCUBA DIVING REGISTRATION CARD

Participant Information - Please print within the boxes provided

Return to PADI within 30 days of completion of the program

First Name, Initial, Last name grid boxes

Email grid box

D.O.B. (dd/mm/yyyy), Sex (Male/Female), Program Date (dd/mm/yyyy) grid boxes

No. 187171

Address grid box

City/Suburb, State, Post/Zip grid boxes

Country, Phone grid boxes

PADI Member Statement: I have conducted all phases of the Discover Scuba Diving program for this participant as outlined in the Discover Scuba Diving Instructor Guide.

PADI Pro No., Dive Centre / Resort No., Dive Verification (Pool / Confined Water, Open Water) grid boxes

PADI Professional Name, Signature, Date lines

1. MEDICAL DECLARATION

Medical declaration table with columns for Yes/No and questions about symptoms and conditions.

2. DISCOVER SCUBA DIVING SAFE DIVING PRACTICES

- List of safe diving practices for review and acknowledgment.

No. 187171