

'SCUBA INTRODUCTION' - STUDENT RECORD



NAME

BIRTH DATE

AGE

PARENT NAME (S)

PHONE

ADDRESS

OTHER PHONE

CITY

STATE

ZIP

STATEMENT OF UNDERSTANDING

"I understand that while SCUBA diving is not a particularly hazardous sport when pursued carefully by properly trained and experienced divers, it does occur in a hazardous environment which can be offset by the development of skills and knowledge acquired through that training and experience. I agree to apply myself to learning as much as possible from this introductory scuba course and hold free from any and all liability the YMCA, its respective officers, employees and instructors, and do hereby for myself, my heirs, and executors and administrators, waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue to me arising out of or connected with my participation in such activities, including open water activities, and in addition do give specific authorization to the Diving Instructor to authorize hospital medical treatment for any diving related malady, should such occur during any water activity."

MEDICAL HISTORY QUESTIONNAIRE

TO THE APPLICANT: You are about to participate in an activity that places considerable demands on your body. SCUBA diving with medical defects can exacerbate or even cause certain medical problems. This medical history form is designed to allow the applicant and the SCUBA Instructor to assess the physical condition of the applicant, and in some cases to require a physical from a physician to continue. In some cases, items which are of particular concern in scuba diving and which may indeed cause problems for the diver and partner, will warrant a doctor's examination. Based on your answers to the following questions, a medical examination may be waived or required.

"I have a history of the following condition(s)":

- | | |
|-----------------------------------|--------------------|
| 1. Asthma | 1. Yes ___ No ___ |
| 2. Shortness of breath | 2. Yes ___ No ___ |
| 3. Persistent or Productive cough | 3. Yes ___ No ___ |
| 4. Heart or Lung surgery | 4. Yes ___ No ___ |
| 5. Chest pain | 5. Yes ___ No ___ |
| 6. Heart trouble | 6. Yes ___ No ___ |
| 7. Ear, sinus, or neurosurgery | 7. Yes ___ No ___ |
| 8. Dizzy or fainting spells | 8. Yes ___ No ___ |
| 9. Fits or seizures | 9. Yes ___ No ___ |
| 10. Pneumothorax (collapsed lung) | 10. Yes ___ No ___ |
| 11. Diabetes | 11. Yes ___ No ___ |
| 12. Tuberculosis | 12. Yes ___ No ___ |
| 13. Rheumatic fever | 13. Yes ___ No ___ |
| 14. Ruptured eardrum | 14. Yes ___ No ___ |

*If you answer "Yes" to any of these questions, you will be required to get a medical release from your doctor prior to participating in the course.

PARENT OR GUARDIAN SIGNATURE

DATE