

Ken Martin Leisure Centre

Open Day: Saturday 23rd February 2008

Name: _____

Date of Birth: _____

Address: _____

Post Code: _____

Contact Tel: _____

Email: _____

Please tick
one only:

Free Scuba or Snorkeling Session

12:00 -12:30 12:30 -13:00 13:00 -13:30 13:30 -14:00

Junior Scuba:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Scuba:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Snorkling:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Octopush:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snorkling for all:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Octopush for all:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For all activities you must be able to swim a length of the pool unaided
For Octopush you must be reasonably competent at snorkeling and duck diving

Completed Medical Statements are required for **ALL** Scuba activities but **not** for Snorkeling and Octopush sessions. The adult medical statement is on the reverse of this booking form. Places are limited and will be confirmed upon receipt of this form back at the Ken Martin Leisure Centre reception. All activities and equipment are provided by Divemaster Scuba.

STATEMENT OF RISKS AND LIABILITY

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving course at your own risk. Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your instructor. If you are a minor, this form must also be signed by a parent or guardian.

Warning: Skin and scuba diving have inherent risks which may result in serious injury or death. Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. Open water diving trips which are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving course. You must advise truthfully and fully inform the instructor(s) and the facility through which this training is offered of your medical history.

Exclusion of liability: Neither the instructors, Divemaster Scuba, PADI International Ltd., or International PADI, Inc., accept any responsibility for any death, injury or other loss suffered or caused by you or resulting from your own conduct or any matter or condition under your control which amounts to your own contributory negligence. In the absence of any negligence or other breach of duty by the instructors, Divemaster Scuba, PADI International Ltd., and International PADI, Inc., your participation in this diving course is entirely at your own risk.

Participant Name (Please Print) _____ Participant Signature _____

Signature of Parent/Guardian (where applicable) _____ Date (Day/Month/Year) _____

Junior Medical Statement

Junior Scuba Sessions Ages 8 - 12 Year Old

To take part in the PADI Bubblemaker Session, the young diver must be reasonably fit, swim a length of the pool and able to answer **NO** to **ALL** the medical questions listed below:

- | Yes | No |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> I am currently suffering from a cold or congestion. |
| <input type="checkbox"/> | <input type="checkbox"/> I have a history of respiratory problems or disease. |
| <input type="checkbox"/> | <input type="checkbox"/> I have had asthma, emphysema or tuberculosis. |
| <input type="checkbox"/> | <input type="checkbox"/> I currently have an ear infection. |
| <input type="checkbox"/> | <input type="checkbox"/> I have recurrent ear problems, ear disease or surgery. |
| <input type="checkbox"/> | <input type="checkbox"/> I have a history of sinus problems. |
| <input type="checkbox"/> | <input type="checkbox"/> I have had problems equalising (popping) my ears with airplane or mountain travel. |
| <input type="checkbox"/> | <input type="checkbox"/> I am diabetic. |
| <input type="checkbox"/> | <input type="checkbox"/> I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack). |
| <input type="checkbox"/> | <input type="checkbox"/> I have a history of seizures, dizziness or fainting. |
| <input type="checkbox"/> | <input type="checkbox"/> I have a nervous system disorder. |
| <input type="checkbox"/> | <input type="checkbox"/> I have behavioural health, mental or psychological disorders (panic attack, fear of closed or open spaces). |
| <input type="checkbox"/> | <input type="checkbox"/> I have recurrent back problems, history of back or spinal surgery. |
| <input type="checkbox"/> | <input type="checkbox"/> I am currently taking medication that carries a warning about any impairment of my physical or mental abilities. |
| <input type="checkbox"/> | <input type="checkbox"/> I have recently had an operation or illness. |

If you have to answer **YES** to any of the questions, all we require is a doctor's note saying that the participant is fit to dive. Your local GP may be able to provide this.

In the unlikely event that your GP feels unable to provide a note or certificate, we do have access to a specialist Diving Medic who will be able to give qualified advice. Please contact us for further details at:

info@divemasterscuba.com

Tel: 0115 929 0707

Divemaster Scuba

403 Aspley Lane, Nottingham NG8 5RR

Tel: 0115 929 0707

MEDICAL STATEMENT Participant Record (Confidential Information)

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 Various Instructors and
Instructor
Divemaster Scuba 3666 located in the
Facility
city of Nottingham, state/province of UK.

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.

- Could you be pregnant, or are you attempting to become pregnant?
- Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone
- Have you ever had or do you currently have?
 - Asthma, or wheezing with breathing, or wheezing with exercise?
 - Frequent or severe attacks of hayfever or allergy?
 - Frequent colds, sinusitis or bronchitis?
 - Any form of lung disease?
 - Pneumothorax (collapsed lung)?
 - Other chest disease or chest surgery?
 - Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
 - Epilepsy, seizures, convulsions or take medications to prevent them?
 - Recurring complicated migraine headaches or take medications to prevent them?
 - Blackouts or fainting (full/partial loss of consciousness)?
 - Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Please answer the following questions on your past or present medical history with a **YES** or **NO**. 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. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- Dysentery or dehydration requiring medical intervention?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- Head injury with loss of consciousness in the past five years?
- Recurrent back problems?
- Back or spinal surgery?
- Diabetes?
- Back, arm or leg problems following surgery, injury or fracture?
- High blood pressure or take medicine to control blood pressure?
- Heart disease?
- Heart attack?
- Angina, heart surgery or blood vessel surgery?
- Sinus surgery?
- Ear disease or surgery, hearing loss or problems with balance?
- Recurrent ear problems?
- Bleeding or other blood disorders?
- Hernia?
- Ulcers or ulcer surgery?
- A colostomy or ileostomy?
- Recreational drug use or treatment for, or alcoholism in the past five years?

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 Parent or Guardian

Date