

MARLINS/ACUC SCUBA PROGRAM



(Registration Package)

Please have this package filled out (up to Doctors segment) before first class.

OPEN WATER SCUBA DIVER PROGRAM STATEMENT OF UNDERSTANDING

The undersigned acknowledges that:

- *Medical examination form, application, parental consent form if between the age of 12 &16 years old and waiver must be completed prior to the third evening of the course.
- *Pass a swim test consisting of 18 laps treading water and towing an inert object.
- *Candidate will provide their own: Mask, fins, snorkel and weight belt with 6 lbs by purchasing, borrowing or renting by second evening of course.
- * The course fee includes 10 hours minimum class room time, 10 hours minimum pool time (with tank, reg. and buoyancy compensator), text, exam, certificate & card, crest, log book, all hand outs and access to resource materials.
- * Will rent, borrow or buy my own gear for check out dive weekend.
- * Provide my own transport, air fills, meals and accommodations for check out weekend.
- * Extra boat dives will be at the student's own expense.
- * Candidates must satisfactorily complete all facets of the course: pool training, Classroom work, and written exam before attending check out weekend.
- * Four open water checkout dives are to be completed as part of the course.
 - First weekend in May (to be confirmed)
 - The check out weekend requires additional safety staff and administration costs not covered by the Tansley Woods and an **additional \$30 charge must be collected to register** for the weekend. The coordinator will collect this during the 8 classroom sessions.
 - If you are unable to attend the check out weekend, we can provide you with a referral form so that an instructor of your own arrangement can qualify you. This referral form will cost \$20.
- * Scuba diving as in any water sport, involves a relative degree of risk to the participant and that in registering for this training program you are aware of this risk and are prepared to assume it.

NAME: _____ SIGNATURE: _____

DATE: _____

SCUBA PROGRAM

Conducted by Marlins Scuba Inc



RELEASE

In consideration of the services performed or to be performed herein, I consent and agree with the boat owner, Ben Jaeckle, the Instructors employed by him, the dive shop representing him, Marlins Scuba Inc. and ACUC International that I hereby assume all risk of injury and damage to me and my property during the course of the said activities and/or instruction, however long the said instruction/activity may continue, and I do, for myself, my heirs, successors and assigns, agree that in no event will I present or prosecute against the boat owner, Ben Jaeckle, the Instructors employed by him, the dive shop representing him, Marlins Scuba Inc. and ACUC International, any claim whatsoever (whether for negligence, breach of contract, or any other basis) arising out of, or incidental to my participation in, or presence during the said program/activities. I agree further for myself, my heirs, executors, administrators and assigns, to hold the boat owner, Ben Jaeckle, Marlin Scuba Inc., the Instructors employed by him, the agents (dive shops) and ACUC International their officers, and employees of all of them free and harmless from and against, and do indemnify it and them for any and every such claim; this means that I will not make a claim against any person or corporation who claims indemnity or contribution from any of them.

I acknowledge that this consent is an informed one and I therefore know and accept all of the risks inherent in the snorkel and/or Scuba Program/Activities that I am undertaking;

I acknowledge and agree to participate in diving activities, which include instruction, physical fitness and/or body building exercise and tests. I am not aware of any medical issues that might make me more vulnerable to injury.

IN WITNESS WHEREOF I have hereunto set my hand and seal
this _____ day of _____, 20__ , A.D.

Name and signature of applicant

SIGNED SEALED AND DELIVERED

in the presence of;

Name and signature of witness

* Scuba diving as in any water sport, involves a relative degree of risk to the participant and that in registering for this training program or activity you are aware of this risk and are prepared to assume it.

ACUC INTERNATIONAL

HEAD OFFICE • 379 West St. Brantford, ON. N3R 3V9 (519) 750-5767 • CANADA

MEDICAL INFORMATION FORM

PLEASE READ CAREFULLY BEFORE SIGNING

The proper enjoyment of Scuba Diving involves training which includes classroom lectures teaching the direct and indirect effects of pressure, types and uses of the various equipment involved, and the marine environment. Also included is a series of confined water exercises designed to teach the wearing of the various pieces of equipment, proper entries into and exits from the water, and the proper control while in the water. At the end of the program, the student is introduced to the open water under the supervision of an instructor to ensure that all of the teachings are understood and the student is comfortable with the learnings.

This training and continued pleasure of diving relies on the persons' ability to handle physical as well as mental changes (physical changes such as increases/decreases in pressure and cold as well as the mental changes such as limited visibility).

Scuba diving is a very safe sport provided the diver is "fit". Fitness to dive involves physical fitness, practical fitness, and psychological fitness. This document is intended to help you understand these elements in diver fitness and identify any concerns you should discuss with your instructor and/or a physician who is familiar with diving problems.

If any of this is unclear or confusing, or if you are unsure how to answer any of the following questions, please consult your Instructor.

Instructor Name: Ben Jaeckle Telephone: (905) 870-3695

Address: 2127 Country Club Drive, Burlington ON. L7M 4A6

FITNESS REVIEW QUESTIONNAIRE

This part is intended to review relevant aspects of past and current medical history and to identify issues which may require further discussion with a doctor.

There are 5 parts -

- (1) Identification of things which could affect your ability to remain alert at all times.
- (2) Identification of things which could affect your ability to tolerate pressure changes.
- (3) Identification of things which can alter inert gas absorption and elimination from the body.
- (4) Identification of conditions that could lead to panic or confusion.
- (5) Identification of things that could be adversely affected by diving or cause significant confusion

(1) REMAINING ALERT - Have you now or have you ever had:

Item	Yes	No	Init.	Item	Yes	No	Init.
Epilepsy, seizure or convulsions?				Blood pressure problems?			
Angina or recurrent chest pain?				Been treated for head injury?			
Kidney Stones?				Diabetes or sugar problems?			
Problems with performing mild exercise?				Experienced temporary loss of vision or severe blurring?			
Heart problems or chest pain?				Heart surgery?			
A problem with drugs or alcohol?				An ulcer or ulcer surgery?			
Severe confusion or disorientation?				Low blood sugar or hypoglycemia?			
A history of blackout or fainting?				Severe headaches or migraines?			
Surgery to your blood vessels/cardiovascular system?							

(2) TOLERATING PRESSURE CHANGE - Have you now or have you ever had:

Item	Yes	No	Init.	Item	Yes	No	Init.
Asthma or wheezing with breathing while exercising?				A history of chest surgery?			
Frequent or severe attacks of hay-fever?				A recurring problem(s) or illness of the ear(s) or sinuses?			
Frequent or severe allergy conditions?				Surgery to your ear(s) or sinuses?			
Any form of lung or respiratory disease?				A problem with your ears in an airplane or while corssing elevations greater than 750'			
Any injury to the lungs (e.g., a collapsed lung)?				Serious problems with your digestive system?			
Any disease of the lungs (e.g., pneumonia or emphysema)?				A Hernia?			

(3) INERT GAS HANDLING - Have you now or have you ever had:

Item	Yes	No	Init.	Item	Yes	No	Init.
A diving accident, decompression sickness or the bends or Caisson's disease?				Any history of frostbite?			
Surgery on your back?				Difficulty with poor circulation?			
A history of problems following surgery, fracture or injury to yor leg(s) or arm(s)?				A smoking habit or more than 3 cigarettes, 1 cigar, or 1 pipe a day?			
Any surgery or injury requiring treatment in the last 6 months?				Are you pregnant?			

(4) FAGTORS AFFECTING STRESS TOLERANCE - have you any history of:

Item	Yes	No	Init.	Item	Yes	No	Init.
Mental disorder or nervous breakdown?				Discomfort around water or fear of water?			
The inability to feel comfortable with one particular partner?				More than two major life stress events in the past 12 months (e.g., divorce/breakup, deaths, job loss, major move, serious financial setback, major surgery, or other illness of health problems)?			
Panic attacks?				Any long term use of sedatives or nerve pills?			
Claustrophobia?				Near drowning episodes?			

(5) CONDITIONS GIVING RISE TO CONFUSION - have you had or have you now:

Item	Yes	No	Init.	Item	Yes	No	Init.
Arthritis or other problem causing sore joints?				Neuralgia or other erratic painful conditions?			
Inner ear disorders?				Poor care and maintenance of teeth?			

PLEASE PROVIDE ADDITIONAL INFORMATION YOU FEEL WILL CLARIFY ANY "YES" ANSWER IN THE SPACE PROVIDED (if necessary, please attach additional pages).

DECLARATION:

The information I have provided here about my Medical History is to the best of my knowledge correct and complete.

Do YOU give permission for this Medical History Form to be forwarded to your doctor (if necessary), for the doctor's concurrence with you taking this SCUBA Training Course?

YES I agree to you contacting my Doctor.

NO I do not agree to you contacting my Doctor.

(Please delete whichever statement does not apply)

Signature

Date

PERSONAL INFORMATION

Please print clearly

Name: _____ Telephone: _____
Address: _____ Date of Birth: _____
City: _____ Sex: _____ Shirt Size: _____
State/Prov: _____
Zip/Post. Code: _____ Mil, Amb, Fire, or Police #: _____

Person to be contacted in case of emergency:
Name: _____ Telephone: _____
Address: _____ Relationship: _____

Name and address of your Doctor:
Name: _____ Telephone: _____
Address: _____

RETURN COMPLETED FORM TO YOUR INSTRUCTOR

Below - For Doctors use if requested by course coordinator-----

N.B. TO DOCTOR:

Persons having any of the above disorders could be at great risk and this risk should be thoroughly explained to them. Physicians can obtain additional advice by writing or phoning:

Tobermory Hyperbaric Facility
P.O. Box 220, Tobermory, Ontario, Canada, N0H 2R0
Tele: (519) 596-2306
Dr. George Harpur, M.D. and Dr. Ralph Suke, M.D.
Certified Diving Instructors

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|-------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ | APPROVAL | Examination and history reveal no defects which I consider incompatible with diving. |
| _____ | CONDITIONAL APPROVAL | Examination and history reveal findings which indicate that diving may not be in this person's best interest. I have discussed this matter with the applicant. |
| _____ | DISAPPROVAL | Examination and history reveal ABSOLUTE CONTRAINDICATIONS TO DIVING, and the applicant has been thus advised. |
| _____ | TEMPORARY DISAPPROVAL | Examination and history reveal findings which are temporary in nature. The applicant should refrain from diving until the problem is resolved. A reexamination will be required. |

Physician's Signature: _____ M.D. Date: _____

N.B. ANY CHARGES FOR THIS CERTIFICATE ARE THE RESPONSIBILITY OF THE PATIENT (STUDENT)