

TRY DIVE FORM

Scuba Diving is a safe activity. Anyone with a medical history of diabetes, blackouts (epilepsy etc.), PERSONAL INFORMATION perforated eardrums, high blood pressure, heart disease, any lung or respiratory disorder (such as COPD) or dependence on drugs may not be able to dive safely. If this is the case, specialist advice must be obtained before contemplating taking up this sport.

Please do not hesitate to email us should you be unsure. **scubatrusttrydive@gmail.com**

Try Dives are available on the understanding that the person taking part:

1. Considers themselves medically fit and does not suffer from any of the disqualifying conditions mentioned above.
2. Has obtained approval to dive from a medical referee, if required to do so following completion of a screening questionnaire. Form will be sent you upon request.
3. Will, in the interests of safety, comply with all instructions given to them by the instructor.
4. Is able to swim and is confident in water.

Every precaution will be taken for the safety of visitors and the trust organising the try dive reserves the right to terminate the session should there be reason to doubt fitness, ability or suitability to dive.

Please complete the below and return before your try dive commences.

YOUR CONTACT DETAILS

Full Name of student
(PLEASE USE CAPITALS)

Date of Birth

Place Of Birth

Gender

☐

Male

☐

Female

Address

Phone Number

E-Mail

Photography equipment can be used during the sessions and then placed on social media.
Please tick the relevant box to advise if you do / do not consent to this.

☐

I do

☐

I do not

EMERGENCY CONTACT DETAILS

Full Name

Relationship

Home Number

Mobile Number

Please sign in the box to confirm all information
given is correct.