



Diver Registration

Personal Information:

Name: _____

Position (Scientist, Intern, Student, etc.): _____

Mailing Address: _____

Permanent Address: _____

Phone (day): _____ Phone (night): _____ Fax: _____

Birth Date: _____ Age: _____ Sex: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____

Recreational Diving Certifications:

Agency	Certification Level	Date	Location	Instructor and Number
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_____	_____	_____	_____	_____
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Scientific Diving Certifications:

University, State, Federal or Private Organization: _____

Date Certified From: _____ To: _____ Depth: _____ Diving Officer: _____

Related Certifications:

	Agency	Level	Date(Initial)	Date(Current)
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CPR	_____	_____	_____	_____
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First Aid	_____	_____	_____	_____
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Oxygen Training	_____	_____	_____	_____
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Lifesaving	_____	_____	_____	_____
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Diving Experience:

Total number of SCUBA Dives: _____ Total Hours Underwater: _____ Maximum Depth: _____

Maximum Depth (in last 12 months): _____ Number of Dives (last 12 months): _____

Cumulative total of dives per depth:

0-30' _____ 31-60' _____ 61-100' _____ 101-130' _____ 131-150' _____ 151-190' _____

Mark an "X" in the areas in which you have had some diving experience and an "XX" indicating considerable experience:

___ Salt water	___ Fresh water	___ Low visibility	___ Currents	___ S & Recovery
___ Kelp	___ Shore	___ Altitude	___ Photo/Video	___ Cold Water
___ Dry suit	___ Commercial	___ Wreck	___ Surface supplied	___ Navigation
___ Ice diving	___ Saturation	___ Mixed gas	___ Cave diving	___ Boat
___ Night diving	___ Blue water	___ Dive computer	___ Decompression	

Additional Experience: (eg. Chamber operator, Diving Medical Technician):

****Please include a photocopy of your current dive certification, 1st aid/CPR/O₂ certifications (if any) and log of last twelve dives****

Diving Equipment:

Item	Brand	Serial No.	Date purchased	Last inspected
Regulator	_____	_____	_____	_____
Octopus	_____	_____	_____	_____
Pressure gauge	_____	_____	_____	_____
Depth gauge	_____	_____	_____	_____
Dive Computer	_____	_____	_____	_____
BCD	_____	_____	_____	_____

Emergency Information:

(Person to notify in case of emergency)

Name: _____ Relationship: _____

Address: _____

_____ Telephone: _____

Dive Safety Office Use Only. Do not write below this line.

	Date	Verified By	Comments
Physical Examination	_____	_____	_____
Scientific Diver Written Exam	_____	_____	_____
CPR Certification	_____	_____	_____
Oxygen Administration	_____	_____	_____
12 Logged Dives	_____	_____	_____
Swimming Skills	_____	_____	_____
Checkout Dive	_____	_____	_____
Qualification Dive Depth	_____	_____	_____

Qualification Dive Skills: Dive plan, buddy check, water entry, surface kick 400 yards, descend to/ascent from depth of certification at appropriate rate, regulator retrieval, mask clear, alternate air sharing, buddy breathing, emergency exhaling ascent, BC and weight belt removal/replacement at depth and at surface, surface buoyancy, neutral buoyancy at depth, navigation and 3-5 minute stop at 10-20 feet.

NOTE: All divers must comply with the appropriate diving standards for their type of diving as set down in the BIOS Diving Safety Manual.

For assistance please contact:
Kyla Smith
Diving Safety Officer
Tel: (441) 297-1880 Ext. 259
E-mail: kyla.smith@bios.edu