

UNCW DIVER APPLICATION FORM

Application Date _____

Name (last) _____ (first) _____ (middle) _____

Address _____ E-mail _____

City _____ State _____

Telephone: (area code and number) _____

Social Security # _____ Birth Date _____ Age _____

In case of emergency contact:

Name _____ Relationship _____

Address _____

City _____ State _____

Telephone: (area code and number) _____

Diver training certifications, or certifications relating to diving activities (please attach copies of each card or certification)

Level	Date	Agency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Complete the following SCUBA diving history

0 - 30 fsw # of dives _____

30 - 60 fsw # of dives _____

60 - 100 fsw # of dives _____

100 - 130 fsw # of dives _____

130 - 150 fsw # of dives _____

150 or greater _____

Most recent SCUBA dive:

Date _____

Location: _____

Depth: _____

BT: _____

Total # of dives _____

Please list on the back of this sheet any other information that may add to the description of your diving history.