



DEF STUDENT REGISTRATION FORM

Personal Details				
First Name		Date of Birth (DD/MM/YY)		
Last Name		Nationality		
Email		Passport nr		
Home Address				
Street, nr		City		Postal Code
Country		Mobile nr		
Local Address				
Hotel/Appart. Name		Room nr		Pick-up <input type="checkbox"/>
City		Date of Departure (DD/MM)		
Emergency Contact		Emerg. phone nr		
Diving details				
Cert. Level		Nr of logged dives		Date of Last Dive (MM/YY)
Dive insurance <input type="checkbox"/>		Company		Deepest dive (m)
Dive Medical <input type="checkbox"/>		Insurance nr		
Equipment you have with you				
Mask <input type="checkbox"/>	Fins <input type="checkbox"/>	Boots <input type="checkbox"/>	backplate <input type="checkbox"/>	Wing <input type="checkbox"/>
Bungeed short hose <input type="checkbox"/>	Long hose w/clip <input type="checkbox"/>	Backplate with harness <input type="checkbox"/>		
Reg. single <input type="checkbox"/>	Reg. double <input type="checkbox"/>	Bottom timer <input type="checkbox"/>	SMB <input type="checkbox"/>	
Wetsuit ____mm <input type="checkbox"/>	Drysuit <input type="checkbox"/>	Wetnotes <input type="checkbox"/>	Stage regulator <input type="checkbox"/>	
Primary light <input type="checkbox"/>	Spool <input type="checkbox"/>	Knife <input type="checkbox"/>	Back-up light <input type="checkbox"/>	
Pockets (e.g. shorts) <input type="checkbox"/>	Other			
Conditions and warranties				
<p>In none of the courses taught by DEF, paying for the course means buying the certification. We try to create highly skilled thinking divers, therefore the certification needs to be earned. All courses include a second reevaluation within one year. 50% deposit requested upon booking. Full payment requested on the first day of the course/diving package.</p>				

I (name) _____, hereby confirm that I am aware that scuba diving have inherent risk which may result in serious injury or death. The information provided in this form is accurate to the best of my knowledge. I understand and agree that neither DEF, nor its dive professionals, nor the facility where my dives/training take(s) place accept any responsibility for any death, injury or other loss suffered or caused by me or resulting from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

By filling this form out, I accept DEF Terms & Conditions.

I agree that DEF and its representatives may contact me in the future, through email, phone calls or newsletters to inform me about offers and upcoming courses and events.

I also accept to have pictures and videos taken by DEF during the course which may be used by DEF for promotional purposes both online and offline.

Full name _____ Date _____ Signature _____

-TO BE FILLED BY INSTRUCTOR-

Service Details			
Course _____ <input type="checkbox"/>	Dives _____ <input type="checkbox"/>	Start date _____	Finish Date _____
TOTAL Price _____ € <input type="checkbox"/>	Deposit _____ € <input type="checkbox"/>		
Comments:			

Equipment Rental (to be given back at the end)				
Mask <input type="checkbox"/>	Fins <input type="checkbox"/>	Boots <input type="checkbox"/>	Sm harness <input type="checkbox"/>	Wing <input type="checkbox"/>
Bungeed short hose <input type="checkbox"/>	Long hose w/clip <input type="checkbox"/>	Backplate with harness <input type="checkbox"/>		
Reg. single <input type="checkbox"/>	R e g . double <input type="checkbox"/>	Bottom timer <input type="checkbox"/>	SMB <input type="checkbox"/>	
Wetsuit _____mm <input type="checkbox"/>	Drysuit <input type="checkbox"/>	Wetnotes <input type="checkbox"/>	Stage regulator <input type="checkbox"/>	
Primary light <input type="checkbox"/>	Spool <input type="checkbox"/>	Knife <input type="checkbox"/>	Back-up light <input type="checkbox"/>	
Pockets (e.g. shorts) <input type="checkbox"/>	Others:			

Service Log				
Date	Item	Price	Paid Amount / Type	Due

Comments