### **SPRING 2010 SPECIALITY SCUBA COURSES**

Conducted by Pretty SAFE Enterprises

APPLICATION FOR TRAINING					Payment	Date	Who
Name:		Int:DOB			Amt		Rec
		DD/MM		M/YY			
Address:		Phone: H	W				
City:_		Postal Code:					
I am a	pplying for the following cour	ses					
	Course	Ocean Dives		Class / Pool	Cost for course		se
	Advanced Buoyancy Control	12 June 2010		9 June 2010	une 2010 \$		
	Search and Recovery	13 June 2010		9 June 2010	\$	90.00	
	Navigation	19 & 20 June 2010		16 June 2010	2010 \$1		
	Night & Limited Visibility	18 & 19 June 2010		16 June 2010	\$125.00		
	Deep	26 / 27 June 2010		23 June 2010	0 \$175.00		
	Computer	an only do if you take the deep course		23 June 2010			
PSE Can Charge my Visa/ Master Card the amounts indicated or in full (circle one)							
Card	#	ExpiryMMYY Security #					
Nam	e on Card	Signature					

#### To Become and Advanced Rated Diver you must gave 4 specialties & 25 Dives

Note 1 if you take the Navigation Course the Night is only \$100.00 or visa versa.

#### PREREQUISITES ARE

The prerequisites to become an Advanced Diver are:

- to be 14 to 112 Years old (14 18 Must have parent sign consent form)
- Sign a medical form Available at the dive center.
- Certified Basic Open Water Diver

<u>COST</u> - Includes all instruction, pool if applicable, Text book os applicable, C-Card, and 2 dives per course. The computer course is done as part of the Deep Course.

DEPOSIT A 50% deposit is required for each specialty in order to hold your spot.

<u>GEAR</u> - You are responsible for your gear and air fills The Dive Center offers 50% discount on rentals for training.

In order to certify you must complete home study, Knowledge Quests, classroom and pool if applicable, and the 2 open water dives per specialty.

NAME OF APPLICANT (Please print)

SIGNATURE OF APPLICANT & DATE

NAME OF WITNESS (Please print) Parent/Guardian if APPLICANT under 18 SIGNATURE OF WITNESS & DATE

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### **STATEMENT OF UNDERSTANDING – ADVANCED SCUBA COURSE**

The undersigned acknowledges that:

The course fee includes Classroom and pool training, Text Book if applicable Non for Advanced Buoyancy Control or search and rescue 2 Ocean Dives per specialty except for Computer Course Certification Card (s)

Travel for the open water dives are at the candidates' own expense

Candidates must satisfactorily complete all facets of the program: classroom training pool training, dive planning, tables and open water dives.

Medical examination form no Dr signature required in most cases, application, and waiver must be completed prior to the first dive.

Call Michael @ 727-4674 to discuss anything

CANDIDATES NAME (PLEASE PRINT):

SIGNATURE:

WITNESS NAME : (PLEASE PRINT): Parent/Guardian if APPLICANT under 18

SIGNATURE:

DATE:

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#### **RELEASE ADVANCED SCUBA COURSE**

In consideration of the services performed or to be performed herein, I consent and agree with **Pretty SAFE Enterprises, the instructors employed by PSE, and/or ACUC International** that I do hereby assume all risk of injury and damage to my property during the course of the said activities and/or instruction, however long the said instruction may continue, and I do, for myself, my heirs, successors and assigns, agree that in no case will I present or prosecute against, **Pretty SAFE Enterprises the instructors employed by PSE and/or ACUC International** and/or any of their officers. agents, or employees, any action to my property, arising out of, or incidental to my participation in, or presence during the said program. I do agree further for myself, my heirs, executors, administrators and assigns, to hold **Pretty SAFE Enterprises, the instructors employed by PSE and/or ACUC International**, their officers, agents, and employees and all of them free and harmless from and against, and do indemnify it and/or them for any and every claim;

I acknowledge and accept the risks inherent in the Advanced SCUBA Course program 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.

IN WITNESS WHEREOF I have hereunto set my hand and seal

this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_, A.D.

(name of applicant - please print)

(signature of applicant)

SIGNED SEALED AND DELIVERED in the presence of:

in the presence of;

(Name of witness or Parent/Guardian if APPLICANT under 18 (signature of witness)