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DIVE CENTRE

Professional Diving Schools Association
– Safeguarding Malta's Diving

www.maltadiving.com
www.pdsa.org.mt

Customer Registration Form

Demographic Information

Full Name _____ D.O.B. _____

Address in Malta _____

Address Abroad _____

E-Mail _____ Departure Date _____

Phone Number _____ Mobile _____ Fax _____

Emergency Contact _____

Contact Address _____

Relationship _____ Phone No. _____

FOR DIVE CENTRE USE ONLY

Certification Agency

- ☐ BSAC
- ☐ CMAS
- ☐ PADI
- ☐ Other _____

Certification

Level _____

Card No. _____

☐ Certification Card available

Record of Dives

Number of Logged Dives _____

Deepest Dive to Date _____

Date of Last Dive _____

☐ Log Book Available

Service Required

- ☐ Training Course Level _____
- ☐ Guided Diving Pack _____
- ☐ Organized Dive
- ☐ Hire/Refills

Staff Details

Staff Name _____

Staff Signature _____ Date _____

Statement of Risks and Liability

RE: (1) **Training & Education**, (2) **Rental of Scuba Equipment & Supply of Breathing Gases**, (3) **Guided & Organized Diving**

1) This is a statement in which you are informed of the risks of skin and scuba diving and/or using diving equipment and breathing gases independently of the dive centre.
2) This statement also sets out the circumstances in which you can participate in diving courses/activities, organize and conduct scuba diving activities at your own risk and/or hire/supply of breathing gases.
3) Your signature below is required as proof that you have read and understood this statement. If you do not understand anything contained in this statement, then please discuss it with the Dive Centre staff. If you are a minor, this form must also be read and signed by a parent or guardian.
4) **Warning.** Skin and scuba diving have inherent risks which may result in serious injury or death. Diving with mixed gases (Nitrox, Trimix, Heliox or Helair) involves certain inherent risks of oxygen toxicity and/or improper mixtures of breathing gas. Diving with compressed air or mixed gases involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that requires treatment in a recompression chamber. Open Water diving trips which are necessary for training and certification, and Scuba diving trips, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. In the case of scuba equipment rental and breathing air supply, accident management remains your responsibility at all times. Skin and Scuba Diving are physically strenuous activities and you will be exerting yourself during these activities. **You must advise truthfully and fully inform the instructor(s) and the Dive Centre of your medical history and of any change in your physical health during the diving activities.**
5) **Transportation to sites.** Land and sea transport to dive sites may be provided by the Dive Centre. Using these facilities is at your own risk and the Dive Centre, its management and staff are not responsible for any loss, damage, or injury to yourself or your property.
6) **Equipment.** Prior to each dive you should be familiar with all the equipment supplied to you by the Dive Centre, and ensure that it is in good working order. If diving with mixed gases, it is your responsibility to ensure that the gases are correctly and accurately analyzed and that the gas content and cylinder number are recorded in such a manner as to be easily identified at any time. You should not offer the use of diving equipment (including cylinders and regulators) to other persons or entities under any circumstances.
7) **Dive Planning and Personal Risk Assessment.** Whilst the management and staff of the Dive Centre will suggest dive sites, conduct a risk assessment on the sites and brief qualified divers on guided and/or organized dives, it remains your responsibility to decide whether the dive is within your qualification and/or experience level, and whether to participate in the dive or not. It is also your responsibility to conduct a personal dive plan and equipment safety check with your diving partner. **You must advise truthfully and fully inform the staff and the Dive Centre of your scuba diving certification and experience.**
8) **Exclusion of Liability.** Notwithstanding the Dive Centre's third party liability insurance covering diving activities, neither the Dive Centre, nor its owners, management, and instructors contracted by the Dive Centre or the training agency, accept any responsibility for the death, injury or other loss suffered or caused by you or resulting from your own conduct or any other matter or condition under your control. Your participation in courses, scuba diving activities and/or the rental of diving equipment, supply of breathing gases and scuba diving independent of the Dive Centre is at your own risk.
9) **Jurisdiction and Applicable Law.** Any dispute or claim arising from the services and products offered by the Dive Centre shall fall within the jurisdiction of the Courts of Malta and shall be subject to the laws of Malta.

By signing this form you acknowledge that you have read and understood the above statements. Date _____

Participant Name _____ Parent/Guardian Name _____

Participant Signature _____ Parent/Guardian Signature _____

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Medical Screening Statement

The purpose of this medical information sheet is to inform you whether a physician should examine you before participating in recreational scuba diving training and activities. If any of these conditions apply to you, this does not necessarily disqualify you from recreational diving, but, for your own safety you must consult a physician prior to participating in scuba diving activities. If in doubt, you must seek the advice of a physician. Please tick the "YES" box if the statement has applied and/or applies to you or the "NO" box if the statement has never and/or does not apply to you.

Are you?

	Yes	No
Pregnant or you suspect you may be pregnant	☐	☐
Taking medications (with the exception of birth control)	☐	☐
Over 45 years of age and you smoke	☐	☐
Over 45 years of age and you have a high cholesterol level	☐	☐

Did you ever have?

	Yes	No
Asthma, or wheezing with breathing or with exercise	☐	☐
Any form of lung disease	☐	☐
Pneumathorax (collapsed lung)	☐	☐
Claustrophobia or agoraphobia (fear of closed or open spaces)	☐	☐
Epilepsy, seizures, convulsions or take related medications	☐	☐
History of head injuries or blackouts or fainting	☐	☐
History of serious disability/injury	☐	☐
History of diving accidents or decompression sickness	☐	☐
History of diabetes	☐	☐
History of high blood pressure or take related medications	☐	☐
History of any heart disease	☐	☐
History of ear disease, hearing loss or problem with balancing	☐	☐
History of thrombosis or blood clotting	☐	☐
Psychiatric disease	☐	☐

Physician's Statement

In my opinion, the applicant is fit to take part in recreational scuba diving activities

Physician's Signature _____

Physician's Full Name _____

Postal Address _____

Date _____

Declaration

I am aware that I could be unfit to dive if I currently have or develop any of the following conditions:

- Cold, sinusitis, or any breathing problem (e.g. bronchitis, hay fever)
- Acute migraine or headache
- Any kind of surgery within the last six weeks
- Under the influence of alcohol, drugs or medication affecting the ability to react
- Fever, dizziness, nausea, vomiting and diarrhea
- Problems equalizing (popping ears)
- Acute gastric ulcers
- Pregnancy or suspected pregnancy

I confirm the answers to the statements in this medical screening statement are accurate to the best of my knowledge.

I accept full responsibility for failing to disclose any past or existing medical condition.

I accept full responsibility to retake this screening should my medical status change, or should I become unsure of the statement given during the course of my scuba diving activities.

This declaration is otherwise valid for 1 (one) year from date of signature.

Participant Signature _____

Participant Name _____

Date of Birth _____

Parent/Guardian Confirmation (where applicable)

Parent/Guardian Signature _____

Parent/Guardian Name _____

Date _____

Notes

_____

_____