

Dear owd student ,

Hereby i send you the study info for the PADI open water course we planned in:

the week - 2023

For the course you have to:

For **manual** version:

- watch the 5 chapters on the DVD
- Study the 5 chapters of the course
- Make the questions of the 5 knowledge reviews at the end of each chapter.

For the **e-learning** version:

- watch the video's in the eLearning version.
- Make the questions of the 5 knowledge reviews at the end of each chapter
- **MAKE THE QUIZES AND THE FINAL EXAM.****

*Be sure you have finished everything and made all the quick quizzes and knowledge reviews. Otherwise if not completely finished there will be a delay in the course planning.

** be sure you have read and send us an copy of your student record form with all results so we see that you are finished. Otherwise if not completely finished there will be a delay in the course planning.

- **Please fill out all attached forms and bring them over when you come over.**
- Fill out the new **medical statement** and if necessary get it signed by a doctor

Please contact me by mail a week or two before you come to confirm your trip so we can plan the starting date. Contact me anytime when you have some questions.

Good luck with studying.

With regards,

Kees Kouwenberg
Scubaworld
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Scubaworld PADI 5 Star IDC Center

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BY
REGISTRATION
TURN IN
2 PASSPORT
PHOTOS

REGISTRATIONFORM DIVE COURSES

I register for the following course (s):

Name course:	date

Name: _____ First name: _____ DOB: _____

Address: _____

Postal code: _____ City: _____

Phone: _____ Mobile: _____

Email: _____

Payment procedures:

By registration a down payment of 25% with minimum of € 200*. Remaining amount must be paid before start course. After receiving the down payment (and the registration) form you will receive the course materials so you can prepare your selves before the start of the course . Few days before the start of the course you'll receive time and date for the first course session.

Cancellation reimbursement:

By cancellation:

the down payment is non refundable and will be used for registration costs, time reservation and the received course materials, Incl. eLearning costs. (after receiving your eLearning code this is paid to PADI).

By rescheduling:

with in 2 weeks of the planned dates 50% of the deposit may be used for registration costs and time reservation.

after the start of the course reimbursement is no more possible. Only by health problems. Then you have to show a medical Statement from a doctor

in these situation the following reimbursement, without down payment, will be paid:

upto ¼ of the course: 75% of the remaining amount

upto ½ of the course: 50 % of the remaining amount

after more than ½ of the course no reimbursement will possible.

For extra sessions caused by negligence of student we have to charge € 50 per extra session.

This registration is valid for 18 months. Lessons are in concert with instructor.

(Participant's signature)

city: _____ Date: _____

(Signature of parent or guardian where applicable)

Learning Agreement with *Scubaworld Dive Center*

Welcome to the PADI Open water diver course . We're confident that you will find your dive training both fun and rewarding. To learn and practice important concepts and skills for using life-support equipment underwater, you must invest the time needed to do it. This learning agreement is between you (the student diver) and our instructional staff regarding our mutual responsibilities in this program.

Student Diver Responsibilities

I(student diver) agree to study independently as specified by the instructor. In general, this means that before each practical session, I will:

For **manual***version:

- watch the 5 chapters on the DVD
- Study the 5 chapters of the course
- Make the questions of the 5 knowledge reviews at the end of each chapter.

For the **e-learning**** version:

- watch the video's in the eLearning version.
- Make the questions of the 5 knowledge reviews at the end of each chapter
- MAKE THE QUIZES AND THE FINAL EXAM.**

In addition, I agree to:

- Follow all course procedures as set forth by my instructor.
- Ask questions about anything not understood.
- Be on time and be prepared for each practical session.

* ** If I do not follow the points above, I understand that I may need to reschedule practical sessions, and that I'm responsible for any additional costs related to this. In scheduling and determining additional costs, *Scubaworld* agrees to give every reasonable consideration to unforeseen events, such as family emergencies.

Instructor/Staff Responsibilities

The course instructor and staff agree to:

1. Start the class as scheduled.
2. Provide a positive learning environment.
3. Answer your questions to the best of our ability.
4. Assist you through any course challenges.
5. Provide opportunities for as many knowledge development, confined water dives and open water dives as necessary for you to comfortably master course-performance objectives. The course fee is based on an average, and includes all knowledge development assessments, 2 or 3 confined water (pool sessions) dives and 4 of open water dives. Because people learn skills at different rates, the course is student-centered and performance-based, not time-based. Additional sessions may be needed for you to comfortably meet course objectives for certification. Course fees and additional session fees are as listed on the fee schedule.

Student Diver Signature _____ Date _____

Dive Center Authorized Signature _____ Date _____



Standard Safe Diving Practices Statement of Understanding

Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____ (Print Name), understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a **SAFE** diver – **S**lowly **A**scend **F**rom **E**very dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)



GENERAL TRAINING

(EU Version)

Please read carefully and fill in all blanks before signing

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including _____ store/resort _____ and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI EMEA Ltd., PADI Americas, Inc., or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff.

Statement of Risk and Liability

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving programme at your own risk.

Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your instructor. If you are a minor, this form must also be signed by a parent or guardian.

Warning

Skin and scuba diving have inherent risks which may result in serious injury or death.

Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. Open water diving trips that are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history.

Acceptance of Risk

I understand and agree that neither the dive professionals conducting this programme, _____ instructor(s) _____, nor the facility through which this programme is conducted, _____ store/resort _____, nor PADI EMEA Ltd., nor PADI Americas, Inc. nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns accept any responsibility for any death, injury or other loss suffered by me to the extent that it result from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals conducting this programme, _____ instructor(s) _____, the facility through which this programme is offered, _____ store/resort _____, PADI EMEA Ltd., PADI Americas, Inc. and all parties referred to above, my participation in this diving programme is entirely at my own risk.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT AND STATEMENT OF RISK AND LIABILITY BY READING BOTH BEFORE SIGNING THESE STATEMENTS.

Participant Name (Please Print)

Participant Signature

Date (Day/Month/Year)

Signature of Parent/Guardian (where applicable)

Date (Day/Month/Year)



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Diver Medical | Medical Examiner's Evaluation Form

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego

Welcome –

Exploring the underwater world is both fun and serious.

Scuba diving is enjoyed by millions of people all over the world.

Scuba Diving requires:

- Some physical fitness
- Ability to solve problems that come up
- Emotional maturity

You should have good general health and be comfortable in and around the water to scuba dive.



Like any adventurous activity, there are potential risks in scuba diving. However, these are well known and easy to avoid by following some simple rules.

Possible risks specific to scuba diving include:

- **Problems with your ears**
- **Drowning and breathing-in water**
- **Getting cold in the water**
- **Lung over-expansion injury**

It is important to follow some simple rules to avoid injury, which, although unlikely, could be serious, even fatal.

You will learn these rules during your scuba diving program.

When you follow these rules and suggestions, scuba diving is a reasonably safe and fun activity.

Roles and Responsibilities

PADI's Role: to provide the best training materials and educational support possible.

PADI Instructor's Role: to supervise your training, follow PADI's guidelines and provide as safe a diving experience as possible.

Parent's Responsibility: to help evaluate your medical, physical and emotional readiness to participate in scuba diving.

- If you or your parents know of any medical problems you may have, you'll need to see a medical doctor before scuba diving.
- The PADI Medical Statement will help you, your parents and the doctor review your medical fitness to participate.

Your Responsibility: to understand and put to use the following six **ACTION** steps during your scuba diving adventure.



ATTENTION

- Pay attention, listen and follow the rules.
- Diving is exciting and you can become distracted, but stay focused on your instructor and the assistants.
- Be sure to follow the rules covered by your instructor to help lower your risks and increase your fun.
- Failure to follow these rules can lead to serious injury, even fatality.



COMMUNICATION

- If you don't understand something, or get confused, ask your instructor.
- Your instructor is there to help and to answer your questions.
- Don't be shy, it's important for you to understand.
- You may find that other people have the same questions you have!



TAKE CARE OF YOUR EQUIPMENT

- **We were not born to live underwater. That's why we have to use scuba equipment.**
- **Without properly cared for equipment, you increase your risks and make it harder to dive safely and comfortably.**
- **It's very important that all your equipment is designed for scuba diving and fits you properly.**
- **Be sure to take care of your equipment every time you use it.**



INFORM

- Inform your instructor of how you feel.
- Tell your instructor if you're cold, tired, having a problem or don't understand something.
- You'll learn hand signals so you can "talk" with your instructor underwater.



OBSERVE

- **Observe how your instructor does things and follow the example.**
- **Watch where your instructor is and be sure to watch for signals and direction.**



NOW HAVE FUN!

- Don't forget to have fun!
- Scuba diving is a serious activity and there are risks involved. But you can manage these risks and avoid injury by following the simple **ACTION** steps.
- Paying careful attention to proper training and instruction will teach you how to avoid injury and reduce the risk of hurting yourself.
- So take **ACTION** and have a great time. The fun has just begun!



Youth Diving: Responsibility and Risks Acknowledgment

(Please read carefully, fill in all blanks, and sign and date below.)

I/we, _____, and my/our child, _____, have viewed and understand the Youth Diving: Responsibility and Risks video or flip chart. We affirm we have been advised and thoroughly informed that diving is an adventure sport with inherent risks to the participant. These risks may include, but are not limited to, pressure related injuries affecting the lungs, sinuses and ears, drowning, panic and other serious injury or death. We also understand our responsibilities, as parent and participant (child), in participating in scuba activities and agree to accept those responsibilities.

As the parent/guardian of the minor child, I/we understand and agree it is solely my/our responsibility to evaluate whether my/our child should participate in scuba activities. Our decision is based upon our knowledge of the mental, physical and emotional abilities of our child, as well as his/her medical history. I/we understand and agree it is my/our responsibility to discuss with a physician any questions I/we have regarding my/our child's medical history and participation in this activity.

I/we understand and agree that it is my/our responsibility to continue to monitor the abilities and health of my/our child to determine whether he/she should continue in this program and continue to dive after the program.

I/we agree to abide by all supervisory and depth limitations that may accompany my/our child's PADI certification.

I/we understand that PADI certifies instructors/dive centers and provides materials for programs developed by PADI.

I/we understand that the dive center/resort and the instructor are responsible for the conduct and supervision of this activity

I/we understand my responsibilities and those of my child as set forth in the Youth Diving Responsibilities and Risk video or flip chart.

I/we have read this Acknowledgment, understand and agree to the terms and conditions, and understand and agree that this Acknowledgment is a binding contract between us, the dive professional, the dive facility and PADI.

Parent/Guardian Name

Parent/Guardian Signature

(Day/Month/Year)

Participant/Minor Name

Participant/Minor Signature

(Day/Month/Year)