

Shrimps Club Statement

(PADI International Ltd – Kent Scuba Ltd)

Participant Information (Please Print)

Name _____ Date of Birth ____/____/____
First Name Middle Initial Last Name Day/Month/Year

Address _____

Post Code _____

Phone _____ Email _____

IN CASE OF EMERGENCY, CONTACT

Name _____ Relationship _____ Phone _____

Disability Monitoring

Do you consider yourself to have a disability?* (please delete as appropriate) Yes or No

Disability explanatory note - under the Disability Discrimination Act 1995 and Disability Act (Amendment) 2005, a person is disabled if they have (or have recovered from) a physical or mental impairment (including learning disabilities) which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities such as those involving mobility, manual dexterity, physical co-ordination, speech, hearing, eyesight or communication, or a permanent condition which is controlled by medication, e.g. diabetes or epilepsy. Individuals with HIV, cancer or multiple sclerosis are automatically treated as disabled.

Medical History

To the participant:

Please answer each of the following questions on your past and present medical history with a YES or NO. (NOTE ticks or crosses, or Y or N cannot be accepted). If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Kent Scuba Ltd will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

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|---|---|
| <input type="checkbox"/> I am currently suffering from a cold or congestion. | <input type="checkbox"/> I have behavioural health, mental or psychological disorders (panic attack, fear of closed or open spaces). |
| <input type="checkbox"/> I have a history of respiratory problems or disease. | <input type="checkbox"/> I have had problems equalising (popping) my ears with airplane or mountain travel. |
| <input type="checkbox"/> I have had asthma, emphysema or tuberculosis. | <input type="checkbox"/> I have recurrent back problems, history of back or spinal surgery. |
| <input type="checkbox"/> I currently have an ear infection. | <input type="checkbox"/> I am currently taking medication that carries a warning about any impairment of my physical or mental abilities. |
| <input type="checkbox"/> I have recurrent ear problems, ear disease or surgery. | <input type="checkbox"/> I have a history of heart condition (e.g. angina, heart attack, cardiovascular disease). |
| <input type="checkbox"/> I have recently had an operation or illness. | <input type="checkbox"/> I am under the care of a physician or have a chronic illness. |
| <input type="checkbox"/> I am diabetic. | |
| <input type="checkbox"/> I have a history of sinus problems. | |
| <input type="checkbox"/> I have a history of seizures, dizziness or fainting. | |
| <input type="checkbox"/> I have a nervous system disorder | |

PADI Seal Team Statement of Risks and Liability

Please read carefully and fill in all blanks before signing. 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 your child participates in the diving programme at your child's own risk.

Your signature on this statement is required as proof that you and your child 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 child's instructor.

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 and your child will be exposed to these risks.

Skin and scuba diving are physically strenuous activities and your child will be exerting themselves 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 child's medical history.

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