Gravelbourg & District Aquaplex Centre 2015 Scuba Diving Registration Form

(1 form per participant)

			1 1 1		
Name of participant:			AGE:		
Date of birth:					
Mailing Address:					
Phone (home): Pho			none (work): Phone (cell):		
E-mail:					
Does the r	participant k	nave ai	ny health concerns? Please circle:	YES or NO	
Health problem/medication		Action to be taken by participant		Action to be taken from staff	
ilean problem incurcation		Tietion to be taken by participal		Treation to be taken from Staff	
Completed PADI	Medical F	orm n	nust be submitted with this regis	tration form and navme	nt
Completed 171D1	i Wicuicai i	OI III I	nust be submitted with this region	stration form and payme.	111.
Course	Date		Required Materials		Cost
Scuba Diving Certification	May 1, 2 & 3		- Water bottle, snacks and lunch; 2 or more towels; 2 or more		\$400.00
		bathing suits		,	
	- Completed PADI Medical Form				
- Paper & Pen					
- Manuals (you will receive them once you register)					
				C17 //	
Total: \$		Paic	l by: Please circle Cash	Cheque - #	_
Make your cheque payable to the Gravelbourg & District Aquaplex Centre					
Please mail to:					
Sports, Culture & Recreation Office					
		Box	1073, Gravelbourg, Sask. S0H 1X0		
Please note:					
• PARTICIPANTS WILL NOT BE REGISTERED UNTIL PAYMENT IS RECEIVED.					
 Post dated cheques will not be accepted. 					
 Completed PADI Medical Form must be submitted with registration form and payment. 					
• Your receipt of registration can be picked up at the Aquaplex Office once the course begins.					
• Refunds will only be given if a doctor's note is presented. All refunds are subject to a \$5.00 Administration Fee.					
	Aquaplex Co	entre re	eserves the right to make schedule cha	anges or cancel programs due	e to insufficien
registration.					
The Aquaplex Supervisor:					
	auest anv red	nictrani	to withdraw from the program prior	to its termination if in the or	ninion of the
			nt is not acting in a reasonable mann		omion of me
			fund, any session due to any circumst		efit of the
registrant or the progra		0 / 0 . ej			eger og me
Signature of Parent/Guardian: Date: Date:					
Signature of Larent/Guarat					
Signature of Aquatic Supervisor: Date:					



You will receive a copy of this registration. Please keep it on file as it will become your official receipt.