

Group Tour Application and Diver Information

Please complete this document, as well as the Waiver. Return both to Island Dreams.

► **Important:** Please also send us a photostatic copy of the photo page of your passport.

Name: _____ Destination: _____

E-mail address: _____ Trip Dates: _____

Mailing address: _____

City, State, & Zip Code: _____

Home Phone: _____ Business Phone: _____

Occupation: _____ Company: _____

Passport Number: _____ Date & Place of Issue: _____

Note: Your passport should remain valid for six months following your scheduled departure date from the foreign country.

Please indicate who should be notified in the event of a medical emergency:

Name: _____ Relationship: _____

Mailing address: _____

City, State, & Zip Code: _____ Phone: _____

Your Physician: _____ Phone: _____

What medications are you taking? _____

For what conditions are you taking medication? _____

Do you have any medical conditions that contra-indicate scuba diving? _____

Do you have any special dietary requirements? _____

SCUBA Diving Experience

Year of Certification: _____ Agency (PADI, NAUI, etc.): _____

Certification Level: _____ Certification Card Number: _____

Do you have current DAN Insurance? _____ DAN card number: _____

How many dives have you made? _____ Date/Place of most recent dive? _____

How do you rate yourself as a diver? Beginner _____ Average _____ Advanced _____ Expert _____

Have you had Lifesaving Training? _____ CPR Training? _____ Medical Training _____

To the best of your knowledge, have you ever suffered decompression sickness? _____

Where have you been diving in the Caribbean? _____

Where have you been diving in the Pacific? _____

The undersigned certifies that this information is correct, and that he/she is a properly trained and certified scuba diver, capable of safely participating in scuba diving activities. The undersigned agrees to personally accept responsibility for his/her own actions, personal liability and well being, and to abide by Island Dreams "Terms & Conditions."

SIGNATURE: _____