

### Student Record Information

Name: (as you want it to appear on your certification card)

Address (current)

Address (permanent)

Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Sex: Female \_\_\_\_ Male \_\_\_\_ Date of Birth Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

### Record of Emergency Information

In case of emergency notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Address: \_\_\_\_\_

Your doctor's name \_\_\_\_\_

Doctor's address \_\_\_\_\_

Doctors phone \_\_\_\_\_

Drug allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Have you or anyone you know been involved in a serious swimming, snorkeling or scuba accident:    yes \_\_\_\_ No \_\_\_\_    If yes please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<u>Course</u>	<u>Grade</u>	<u>Card Issued</u>
KIN 280	_____	_____
KIN 280L/Scuba	_____	_____
KIN 282	_____	_____
KIN 282L/Advanced	_____	_____
KIN 282L/Rescue	_____	_____
CPR	_____	_____
FA	_____	_____
DAN 02	_____	_____
Master Diver	_____	_____
DM	_____	_____