

**MILLER'S DIVE SHOP**  
Eleuthera – The Bahamas

SCUBA Participation Form

DIVER INFORMATION:

DATE: \_\_\_\_\_

NAME:	EMAIL:		
_____			
HOME ADDRESS:			
_____			
CITY:	STATE:	ZIP CODE:	COUNTRY:
_____			
HOME PHONE:	CELL PHONE:	EMCY NUMBER:	
_____			
NAME OF CERTIFYING AGENCY:		CERTIFICATION NUMBER#	
_____			
HIGHEST CERTIFICATION LEVEL:		DATE OF LAST DIVE:	
_____			
DO YOU HAVE ANY MENTAL OR PHYSICAL IMPAIRMENT?			
_____			
IF "YES" HAVE YOU BEEN RELEASED TO DIVE BY A PHYSICIAN?			
_____			
ARE YOU TAKING AN MEDICATIONS-IF "YES" PLEASE LIST:			
_____			
IF TAKING MEDICATIONS, HAVE YOU BEEN RELEASED TO DIVE BY A PHYSICIAN?			
_____			
DO YOU HAVE DIVE INSURANCE? IF "YES" PLEASE LIST:			
_____			
_____			