

MILLER'S DIVE SHOP
Eleuthera – The Bahamas

SNORKEL Participation Form

DIVER INFORMATION:

DATE: _____

NAME:	EMAIL:		

HOME ADDRESS:			

CITY:	STATE:	ZIP CODE:	COUNTRY:

HOME PHONE:	CELL PHONE:	EMCY NUMBER:	

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:			

