

ASU SCIENTIFIC DIVING APPLICATION AND RESUME

Name:

Birthdate:

Phone:

Current Age:

Address:

Original certification (agency, rating, date):

Other certifications:

Total # of dives:

By depth:

By location:

0-30'

SW temperate

30-60'

SW tropical

60-100'

FW temperate

100'+

FW tropical

Brief description of dive history (e.g. mostly boat dives, S. California etc.)

Future dive plans/goals:

Emergency Contact:

Name: _____

Relationship: _____

Phone: (work) _____ (home) _____

Address: _____

I understand there are inherent risks in diving on compressed air. I hereby release Arizona State University and its agents from any liability due to SCUBA diving.

Name: _____

Signature: _____

Date: _____

Witness: _____