

# SCUBA IGUANA APPLICATION FORM

<b>Full name:</b>		<b>Address:</b>	
<b>Country:</b>	<b>City:</b>	<b>Phone:</b>	
<b>Languages spoken:</b>		<b>e-mail:</b>	
<b>Passport #:</b>		<b>Dive license type and #:</b>	
<b># of dives logged:</b>	<b>Last dive:</b>	<b>Age and sex:</b>	
<b>Wet suit size:</b>	<b>Booties #:</b>	<b>Height:</b>	<b>Weight:</b>
<b>Dive insurance company and #:</b>			
<b>Diet request:</b>			
<b>Special requests:</b>			
<b>In case of emergency notify (Name, address and phone):</b>			
<b>Do you have any health problem or do you need any medication?</b>			
<p><i>In case of medical emergency I authorize the Dive master, Captain or Crew of the vessel to administer first aid or get proper medical attention if necessary. I understand that the nearest operational recompression chamber may be many hours away and may require air evacuation. The time involved with boat and air transport poses additional risk to my personal safety. I voluntarily accept this additional risk and am fully prepared to pay all expenses related to evacuation and recompression chamber treatment should it be deemed necessary by myself or vessel.</i></p>			
<b>Name, address and phone of my physician:</b>			
<p><i>I hereby certify that the foregoing is true and correct</i></p>			
<b>Signature:</b>		<b>Date:</b>	