Name:								Phone:				diving
STUDEN	T RECORD I	FILE										
												Open Water Course
Name:							Birth Date:					Medical statement
	First			Last					dd/mm/yyy			Yes / No
Adress:								e:				Risks and Liabilities
City:			_Post Code:				_ emai	l:				Yes / No Safe Diving Practicies
ENAEDCENI	NCY CONTACT INFORMATION											
	CY CONTACT	INFORIVIA	ATION				B. I					Yes / No
Name:							_Relationship:					H&S Operations Log
Address:			Deat Carley				_Phone:					Yes / No
City:			Post Code:				_					Risk Assesment Yes / No
Course:							Course:					163 / NO
Date:							Date:					
Deposit:			– Price:				Deposit:		Pric	<u></u>		
Instructor:			_ #				Instructor:		#			
Other:							Other:					ConEd Course
												ConEd Admin Doc
Course:							Course:					Yes / No
Date:							Date:					H&S Operations Log
Deposit:			Price:				Deposit:		Pric	e:		Yes / No
Instructor:			_ #				Instructor:		#			Risk Assesment
Other:							Other:					Yes / No
Course:							Course:					
Date:			_				Date:					
Deposit:			Price:				Deposit:		Pric	e:		
Instructor:			#				Instructor:		#			
Other:							Other:					
							1	<u> </u>				
EQUIPME	NT	BCD		Regulator		uit		Gloves	Wei	ight belt		
		Fins		Mask	В	Boots		Weights				