



Spring Lake Dive Authorization Course Registration Form

Class Date: _____

Name (Last, First, MI): _____

Age: _____ Date of Birth: _____ Gender: _____

Phone Number: _____ Email: _____

Address: _____

Dive Shop/Organization: _____

Certification Agency: _____ Certification Level: _____

Number of Logged Dives: _____ Are You an Instructor? _____

How did you hear about the DAC/AquaCorps? _____

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Phone Number: _____

Are you interested in the PADI Spring Lake Diver Distinctive Specialty Card? _____

Are you Texas State Faculty, Staff, or a Student? _____ Are you a Veteran? _____

Are you affiliated with another University or State Agency? _____ Agency: _____

To Be Completed by Meadows Center Staff

Forms:	Copies:	Level (1,2): _____
<input type="checkbox"/> Liability Release	<input type="checkbox"/> Dive Certification	
<input type="checkbox"/> Volunteer Agreement	<input type="checkbox"/> Dive Logbook	
<input type="checkbox"/> Medical History		
<input type="checkbox"/> Instructor Agreement		
Certification Level:	Endorsements:	Instructor(s):
<input type="checkbox"/> OW	<input type="checkbox"/> Single Tank	<input type="checkbox"/> Scott Cameron
<input type="checkbox"/> Advanced	<input type="checkbox"/> Backmount Doubles	<input type="checkbox"/> Erica Brumleve
<input type="checkbox"/> Rescue	<input type="checkbox"/> Sidemount Doubles	
<input type="checkbox"/> DM		
<input type="checkbox"/> Instructor (Active)		
<input type="checkbox"/> Instructor (Inactive)		

Instructor Comments: