

508-770-0689

Web: Centralmassscuba.com

Learn to SCUBA Dive!

Basic Open Water Certification

With over 20 years of experience, Central MASS Scuba's instructors are dedicated to teaching the fundamentals of SCUBA diving. Central MASS Scuba's staff will provide a safe and fun learning environment. We maintain a ratio of 4 students to every 1 staff member to ensure your safety and enjoyment.

Here are some of the specifics to our *Basic* program:

- Course consists of a minimum of 6 class/pool sessions and 6 **OPEN WATER DIVES**.
- You will need to provide your own *Mask*, *Fins Snorkel and Boots* by the start of class.
- We offer discounts to our students, please call/come by the shop and ask about our *student discount* packages.
- Attendance for each class is mandatory in order to receive certification
- All other SCUBA equipment will be provided for the pool sessions.
 - The cost of the Basic Open Water class is \$650.00. This includes classroom lecture, practical experience in the pool, 6 OPEN WATER DIVES, Certification Card, E-Learning. There is a \$100.00 rental fee for the equipment used during the Certification Dives during the Check Out Weekend.
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 - If you choose to do a **Warm Water Referral** instead, the Packet Price is \$60.
 - A \$100.00 non-refundable deposit is required to hold your space in class.
 - Balance due at first class
 - To take the class you must be able to swim and you will need to have a medical waiver completed.
 - After meeting all of the classroom, pool, and open water requirements (6 dives), you will receive either a **IDEA or SSI** SCUBA certification (both are recognized worldwide).
 - No one will be Registered for class until the deposit is paid.

To **reserve** one or more spots in a class, **please return the enclosed registration form with a \$100.00 deposit** for each spot, or call the shop to place a credit card deposit or visit us on line at www.centralmassscuba.com. Please note you must contact **Central Mass Scuba** directly to reserve a spot in class. Your deposit must go to the shop and not the facility where the class will be held.

If you have any questions please do not hesitate to call us at (508) 770-0689.

*Please note Diabetes; Asthma, Epilepsy, Current Heart Condition and chronic ear problems may exclude you from Diving, please speak to one of our sales staff.



Central Mass Scuba

304 Shrewsbury St.

Worcester Ma 01604

(508) 770-0689

CLASS ENROLLMENT FORM PLEASE PRINT CLEARLY

	CLASS LOCAT	ION	START DATE						
	NAME:								
	ADDRESS:								
	CITY:	STATE: _	STATE: ZIP:				_		
	E-Mail address:								
	HOME PHONE: WORK PHONE:								
	BIRTH DATE: _	BIRTH DATE:		AGE:		Sex Male Female			
	HEIGHT WEIGHT HAIR COLOR EYE COLOR								
	SWIMMING EX	KPERIENCE:	Can't Swim	Poor	Average	Above Average	Excellent		
	Check a Box								
	Do you have any of the following medical conditions? Please check any of the following:								
	Asthma Diabetes Heart Problems Sinus/Ear condition Need to have medical by doctor on a Medical SCUBA form REASON FOR TAKING SCUBA:								
	HOW DID YOU	HERE ABOUT	THIS COURS	E:					
Intial	TERMS AND CONDITIONS								
	A NON–REF	UNDABLE DE	POSIT OF \$10	0.00 IS	REQUIRE	D FOR EACH S	TUDENT TO	GUARANTEE A	
	SPOT IN CLASS. DEPOSITS WILL ONLY BE REFUNDED IF ENTIRE COURSE IS CANCELED. FULL PAYMENT IS DUE BY FRIST CLASS; IT IS NOT REFUNDABLE.							ED.	
	FULL PAYME	NT IS DUE BY FI	RIST CLASS; IT	IS NOT	REFUNDAL	BLE.			
	MISSED CLASSES MUST BE MADE UP AT THE CONVENIENCE OF INSTRUCTOR AND MAY BE SUBJECT TO A MAKE-UP FEE OF \$75.00.								
	IF TWO OR MORE POOL SESSIONS ARE MISSED, WE RESERVE THE RIGHT TO HAVE THE ENTIRE CLASS OVER, WITH FULL PAYMENT DUE.							DENT TAKE THE	
	CERTIFICATIONS ARE ISSUED BASED UPON NATIONAL QUALIFICATION STANDARDS (RSTC) AS								
	INTERPRETED BY THE INSTRUCTOR.								
	THE INSTRUCTOR IS THE SOLE AND FINAL EVALUATOR OF QUALIFICATION FOR CERTIFICATION.								
	ANY EXTRA CLASS WORK IS \$75.00 PER SESSION								
	I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS LISTED ABOVE								
	SIGNATURE:					DATE:			
	PARENT OR GARDIAN (IF UNDER 18)								
	SIGNATURE:					DATE:			
		\$ amou	nt	Dat	e	Order nun	nber /Salespe	rson	
	Deposit			-					