



## ScubaRocks General Training Form

### Student Information

Full Name	
Date of Birth	
Phone	
Email	
Emergency Contact	
Emergency Phone	
Certification Level	
Total Logged Dives	
Course Enrolled	

### Pool / Confined Water Session

Completed (mark X)	YES	NO	N/A
Date			
Instructor Name			

## Open Water Training Sessions

Dive	Completed	Date	Max Depth	Gas	Instructor
1					
2					
3					
4					
5					
6					

## Skills Performance Checklist

Skill	Done	I.I.	Comments
Buoyancy Control			
Trim			
Gas Management			
Equipment Setup			
Emergency Procedures			
Situational Awareness			
Team Skills			
SMB Deployment			

## Final Evaluation

Instructor Signature	
Student Signature	
Date	
Overall Result	