

UTD STUDENT REGISTRATION FORM

UTD Class or Program:	
UTD Instructor:	
Location (city and country):	
Dates:	
Organizer/Refer's Name	
STUDENT INFORMATION	
First Name:	
Last Name:	
Street Address:	
City:	
State/Province:	
Zip/Postal Code:	
Country:	
Email address:	
Phone Number:	
Emergency Contact:	
Emergency Phone:	
Emergency Email:	
Occupation:	
Your Education Level:	
Date Of Birth:	
Gender:	Male/Female
Height:	
Weight:	
Emergency Training:	YES/NO
Medical Insurance:	YES NO
Dive Insurance:	YES NO
If yes, company/number:	
How'd you hear of UTD?	
Why do you want to take a	UTD Class?

Total Dives:	
Cave Dives:	
Wreck Dives:	
Ice Dives:	
Double Tank Dives:	
With Nitrox:	
With Trimix:	
With Deco:	
With Scooter (D.P.V.):	
Longest Dive:	
Longest Deco:	
Are you able to swim 300 ya	ards (275m) in 14mins? YES NO
Are you able to swim 50 yar	ds (15m) on a breath hold? YES NO
Tell us a little about your Div	ring Background:
	OF YOUR UTD INSTRUCTOR
Signature:	
Date:	or guardian has signed below
• •	or guardian has signed below.
on my behalf release all clai	lian if Participant is a Minor, and by their signature themes that they and I have:
Printed Name:	
Date:	

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