

Dive Buddy Course Application

Participant's Name: _____ **Birth Date:** ____/____/____
First Middle Family day month year

Address: _____

City: _____

State: _____ **Zip Code:** _____ **Country:** _____

Contact Telephone Number: _____

Email: _____ **Web Site:** _____

LEVEL OF CERTIFICATION: [] OPEN WATER DIVER [] ADVANCED DIVER [] OTHER _____

Diver Training Agency _____ **Member Number** _____ **Date Issued** _____

SEARCHABLE DATABASE:

To facilitate people with disabilities in finding appropriate Dive Professionals, you will be listed on the HSA Website in our searchable data base. Your name, city, state, country, contact telephone number, email and website will be displayed in searches. If you wish to be removed please contact HSA at webmaster@hsascuba.com

Participants Signature _____

HSA INSTRUCTOR USE ONLY

Dive Buddy Course Exam Score: _____ %

Training Summary

DBC Dates: Lecture _____ Pool _____ Open Water _____

Open Water Location: _____ **Depth:** _____ [] Beach [] Boat

Comments: _____

I certify that the above named participant has satisfactorily completed all Academic, Confined and Open Water training as required by HSA Dive Buddy Course standards, and is trained to be certified as an HSA Dive Buddy.

Instructor Signature: _____

Instructor Name & Member Number: _____

Instructor Keep in your files for 7 years