



STUDENT RECORD

Personal Contact Information

First Name: _____
 Last Name: _____ Title: _____
 NRIC / Passport No: _____ Mobile Phone: _____
 Address: _____ Home / Other Phone: _____

 Postal Code: _____ Birth Date: _____
 Country / State: _____ Email Address: _____
 Course Enrolling: _____ Referred by: _____
 Course Date: _____ Instructor Name: _____

Emergency Contact Information

Name: _____
 Contact Number(s): _____
 Address: _____
 Relationship: _____

<u>For Official Use</u>	
<u>Paperwork:-</u>	
Medical	Y <input type="checkbox"/> N <input type="checkbox"/>
Insurance	Y <input type="checkbox"/> N <input type="checkbox"/>
Liability Forms	Y <input type="checkbox"/> N <input type="checkbox"/>
<u>Eqpt Rental?</u> Y <input type="checkbox"/> N <input type="checkbox"/>	
Mask	<input type="checkbox"/>
Snorkel	<input type="checkbox"/>
BCD	<input type="checkbox"/> BP / Jacket (SZ: _____)
Fins	<input type="checkbox"/> SZ: _____ Type: <u>FF / JF</u>
Wetsuit	<input type="checkbox"/>
Regulator	<input type="checkbox"/> Long Hose / Conventional