

Trip Registration Form

(All Information is confidential)

Personal Information

(As it appears on your passport)

Name _____ Age _____

Address _____

City / State _____ Zip _____

Date of Birth _____ Place of Birth _____

Phone Numbers (Home) _____ (Work) _____

Emergency Contact _____ Phone _____

Relationship _____ Phone _____

Address _____

Personal Physician _____ Phone _____

Medical Information

(If you answer yes to any of these questions please explain)

Are you currently under a doctor's care for any reason? ___ No ___ Yes _____

Are you currently taking any medication? ___ No ___ Yes _____

Do you have any allergies? ___ No ___ Yes _____

Are there any medications you cannot take? ___ No ___ Yes _____

Do you have any special dietary requirements? ___ No ___ Yes _____

Is there anything special that we should know
in case of an emergency? ___ No ___ Yes _____

Diver Information

Diver _____ Non-Diver _____ Certification Level _____

Years Experience _____ Approximate number of dives _____

Please return to Kathy's Scuba, 3430 North Valley Pike, Harrisonburg, VA 22802

Signature

Guardian signature if under 18