## Dearne Valley Divers

## **DIVER PERSONAL DETAILS**

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| **DIVE SITE / TRIP NAME** |  |

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| **BSAC MEMBERSHIP NUMBER** |  |
| **FULL NAME** |  |
| **DATE OF BIRTH** |  |
| **MOBILE NUMBER** |  |
| **ADDRESS** |  |
| **EMERGENCY CONTACT NAME** |  |
| **EMERGENCY CONTACT TELEPHONE** |  |
| **IS YOUR BSAC HEALTH DECLARATION CURRENT AND UP-TO-DATE? (Y/N)** |  |
| **MEDICAL CONDITIONS, MEDICATION OR ALLERGIES?** |  |
| **DIVER QUALIFICATION LEVEL** |  |
| **DATE OF LAST LOGGED OPEN WATER DIVE** |  |
| **APPROX NUMBER OF TOTAL LOGGED DIVES** |  |
| **ARE YOU FIT TO DIVE? (Y/N)** |  |

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| --- | --- |
| **SIGN & DATE** |  |

*This form will be used by the Dive Manager and Assistant Diver Manager to maintain your contact details, emergency contact details and eligibility to dive for the duration of this trip.*

*This form will be destroyed following the end of the trip. In the event of any incident, this form may be handed over to the emergency services. It will not be shared with anyone else.*