



Class Application

Aqua Ventures, LLC

22 Flanders Ridge Court Cockeysville, MD 21030

Michael.AquaVentures@gmail.com www.AquaVenturesOnline.com

410-666-2326 / 410-66-OCEAN

Name _____ Date ___/___/___

email Address _____ Cell Phone (____)____-_____

Address _____ Home Phone (____)____-_____

City _____ State _____ Zip Code _____

Date Of Birth ___/___/___ Gender F___ M___ Height _____ Weight _____ Shoe Size _____

Swimming Ability Poor ___ Fair ___ Good ___ Have you ever been scuba diving? _____

I am already a diver. Year Certified ___ Card # _____ # of dives to date _____

SDI Diver ID# _____ Don't have a SDI account? Signup here: <https://portal.tdisdi.com/register?>

We will issue you a SDI eLearning code when we have received your application and course deposit. You will use this link to enter your code and get started on your course. <https://portal.tdisdi.com/elearning#signup>

How did you learn of Aqua Ventures and our course? _____

If you were referred, can you tell us by whom? _____

I would like to enroll in the following class: Starting Date: _____

- | | |
|---|---|
| <input type="checkbox"/> Snorkeling | <input type="checkbox"/> Activated eLearning Snorkeling class |
| <input type="checkbox"/> Try Scuba Experience | <input type="checkbox"/> Activated eLearning Try Scuba class |
| <input type="checkbox"/> Entry Level Open Water | <input type="checkbox"/> Activated eLearning Open Water Scuba class |
| <input type="checkbox"/> I will be completing my open water dives with a referral instructor in _____ | |
| <input type="checkbox"/> Companion Open Water | <input type="checkbox"/> Activated eLearning Refresher Diver class |
| <input type="checkbox"/> Refresher / Inactive Diver | <input type="checkbox"/> Activated eLearning Refresher Diver class |
| <input type="checkbox"/> Specialty _____ | <input type="checkbox"/> Activated eLearning Specialty class |
| <input type="checkbox"/> Dive Master <input type="checkbox"/> Assistant Instructor | <input type="checkbox"/> Activated DM / AI online class |

Please read, initial and sign:

_____ I have completed the Medical Questionnaire form and I understand that a "Yes" answer to the questions may require me to have a physician's release prior to any water work.

_____ I understand that my deposit is nonrefundable once I start using the SDI online materials and if I cancel within 14 days of the start date. I also understand that there is a \$50.00 fee to reschedule my class to a later start date and that any unused portion of the class is nonrefundable.

The full cost of this course is \$_____. I have enclosed my 50% deposit of \$_____ with my Application and Medical Questionnaire and agree to pay the remaining 50 % balance of \$_____ 14 days prior to the starting date of the course. A parent or legal guardian's signature of consent is required for all divers under 18 years old to attend a snorkeling or scuba course.

Signature _____

Signature of Parent / Guardian _____

----- **Emergency Contact Information** -----

Name: _____ Cell Phone: (____)____-_____ Relationship: _____

Address: _____ email: _____

Name: _____ Cell Phone: (____)____-_____ Relationship: _____

Address: _____ email: _____