



**University of the West Indies
Discovery Bay Marine Laboratory
Visiting Diver Registration**



Last Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Insert photo here
First Name:	<input type="text"/>		(DD)	(MM)	(DD)	
Middle Initial:	<input type="text"/>					
Email Address:	<input type="text"/>		Emergency Contact:	<input type="text"/>		
Telephone:	<input type="text"/>	Contact's Number:	<input type="text"/>			
Institution:	<input type="text"/>					
Position:	<input type="text"/>	Approx. # of Dives:	<input type="text"/>			
Station:	<input type="text"/>					

DIVING CERTIFICATIONS (List most recent first)

Cert. Org.	Level	Cert. Date (DD/MM/YY)	Cert. Number

DIVING-RELATED CERTIFICATIONS eg. CPR, etc (List most recent first)

Cert. Org.	Level	Cert. Date (DD/MM/YY)	Cert. Number

Diving Insurance:	<input type="text"/>
Policy #	<input type="text"/>
Expiry Date:	<input type="text"/>
Contact Number:	<input type="text"/>

Important Notes:
The accuracy of the information given is the responsibility of the diver. Copies of certifications must be submitted with this form. This information will be updated at least once per year or if the Diver requests changes to be made.

Signature

Date