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Student Information

| First Name | e: | Initial: | | Surname: |
|------------|------------------|----------|------|---------------|
| Date of Bi | rth: dd/mm/yy | | Sex: | Male / Female |
| Email Ado | lress: | | | |
| Mailing A | ddress: | | | |
| | | | | |
| Dhamai | Mahila | | | |
| Phone: | Mobile: | | | |
| | Home: | | | |
| Emergeno | cy Contact Infor | mation | | |
| Name: | | | | Relationship: |
| Address: | | | | |
| Phone: | Mobile: | | | |
| | Home: | | | |

For Office Use Only

Open Water Course

| Na | me: | | | | |
|----|---|--|--|--|--|
| | Image uploaded/taken | | | | |
| | Student Information Sheet completed | | | | |
| | Received Medical Statement, Statement of Understanding and General Training | | | | |
| | Online/Paper? | | | | |
| | Received Open Water Learners Agreement | | | | |
| | | | | | |
| | Redeemed Registration Code | | | | |
| | Section 1 Knowledge review and Quiz completed and submitted | | | | |
| | Section 2 Knowledge review and Quiz completed and submitted | | | | |
| | Section 3 Knowledge review and Quiz completed and submitted | | | | |
| | Section 4 Knowledge review and Quiz completed and submitted | | | | |
| | Section 5 Knowledge review and Final Exam completed and submitted | | | | |
| | Open Water Quick Quiz completed | | | | |

| PADI Open Water Diver Course Re | ecord and Referra | l Form | B. Kno | owledge Develo | pment | Course option: | ☐ RDP Table | □ eRDPм | L Com | nputer only |
|--|--|---------------------------------|--------------------|---|-------------------|------------------------------|--------------------------|-----------------------|--------------|-------------|
| Student Name | Birth Date | Day/Month/Year | | Date Completed Day / Month / Year | Completed KR | | ewed Open /ater Video | Instructo Initials | | ADI# |
| Mailing address | | Sex \square M \square F | Sec 1 | /// | | Qui-1 - 1 | | | # | |
| City | State/Prov | ince | Sec 2 | // | _ | | | | # | |
| Country | 7in/Postal | Code | Sec 2 | // | _ | | | | | |
| Phone Home () | Business () | | | | | | | | # | |
| Fax () | Email | | Sec 4 | // | | | | | # | |
| All PADI Instructors who initial this document must complete | e an identification section below. | | Sec 5 OR eLearn | // | _ 🗆 | | | | # | |
| PADI InstructorS | Signature | | | iew// | - | | | | # | |
| PADI Instructor SPADI No. Dive Center/Resort No. SPADI N | Date | | (Note: If a | ill above Knowledge Develo | pment sessions ha | ve been completed | by one instru | ctor, only one | signature re | equired) |
| Phone Home () Fax | | Day/Month/Year | All Know | vledge Development se | scione listed abo | ove have been co | nmpleted 0 | uizzos/Evan | nc naccad | |
| | | | | | | | | • | • | |
| | | | Instructor | r Signature | | # | | _ Date | / | _/ |
| PADI Instructor S | Signature | | C 0m | on Water Dives | | | | | | |
| PADI No Dive Center/Resort No | Date | | C. Op | en Water Dives Date Completed | Instructor** | | Date C | ompleted | Instructor | r** |
| PADI No Dive Center/Resort No Fax | () | Day/Month/Year | | Day / Month / Year | | # | | onth / Year | | |
| Email | | | Dive 1 | / | | | 3/_ | | | |
| Note: Attach additional sheet for other PADI Instructor inform | nation if necessary. | | | | | | | | | |
| When referring a PADI Scuba Diver/Open Water Diver | • | | Dive 2 | / | # | Dive | 4/_ | / | | # |
| a. Fill in the diver and PADI Instructor information and note b. Attach a copy of the diver's PADI Medical Statement to the c. Advise the diver of the need for a photo for certification d. Encourage the diver to complete training as soon as poss | appropriate areas of training cor his form. card processing. | | | lls may be completed duri | ing any Open Wa | ter Training Dive. Complete | ed | Instructor** | • | |
| from the last training section completion date. | sible and explain that this form is | only valid for one year | 1. Cramı | p Removal* | | on Dive # | | Initials # | | |
| | | | | el/Regulator Exchange* | | Dive # | | # | | |
| A. Confined Water Dives | | | | able Signal Tube/DSMB De | ployment* | Dive # | | # | | |
| Date Completed Instructor** Day / Month / Year Initials PADI # | Date Completed Day / Month / Year | Instructor** Initials PADI# | | gency Weight Drop (or in (ce Swim with Compass | CW)* | Dive # Dive # | | # # | | |
| CW 1* / ## | CW 4 // | # | | Diver Tow | | Dive # | | # | | |
| CW 2 / # | CW5 / / | # | | ve/Replace Scuba (surface |) | Dive # | | # | | |
| CW 3 / # | | | 8. Remov | ve/Replace Weights (surfa | ce) | Dive # | | # | | |
| | *DSD with all CW Dive 1 skills = Op | en vvater diver CVV dive 1 | 9. CESA | (Dive 2, 3 or 4) | | Dive # | | # | | |
| Waterskills Assessment | | | | Compass Navigation (Dive | | Dive # | | # | | |
| Date Completed Instructor** Day / Month / Year Initials PADI # | Date Completed Day / Month / Year | Instructor** Initials PADI # | (Note: If a | Ill above Dive Flexible Skills | have been comple | ted by one instruct | or, only one si | gnature is req | uired) | |
| - 200 | Skin Diving Skills | | | Flexible Skills listed abo | | | | | | |
| 200 metre/yard Swim OR 300 metre/yard Mask/Snorkel/Fin Swim | // | # | Instructor | r Signature | | # | ŧ | _ Date | / | _/ |
| 10 Minute Survival Float*//## | Dry Suit Orientatio | n | all certifi | Statement: I understan ication requirements. I | am adequately i | prepared to dive | in areas and | d under con | ditions sin | nilar to |
| Dive Flexible Skills | (Note: If all Confined Water D | | | which I was trained. I r ctivities, in other geogr | | | | | | |
| Equipment Preparation and Care* | ment have been completed l signature required.) | | to abide | by PADI's Standard Saf | e Diving Practic | es. | - | | | _ |
| | All Confined Water Dives I | isted above and the Wa- | Student S | Signature | | # | <u> </u> | _ Date | / | _/ |
| Disconnect Low Pressure Inflator Hose*/ ## | terskills Assessment have l | been completed. | | irements for certificatio | | | | | | |
| Loose Cylinder Band / ## | Instructor Signature PADI # | | with an | asterisk *). | | • | | | | |
| Weight System Removal and Replacement (surface)* | I A DI # | Datc// | Instructor | r Signature | | # | <u> </u> | Date | / | _/ |
| vveignt system kemoval and kepiacement (surface)*/### | **I certify that this studen pleted this skill/section/ | | A II! | luamanta fan aantif!t!- | n as a DADI O | Watau Di | hava has :: | | | |
| Emergency Weight Drop (or in OW)* | PADI Instructor Manual. | | | irements for certificatio | | | | | , | , |
| # | renewed in Teaching sta | | Instructor | r Signature | | # | [‡] | _ Date | / | _/ |

Product No. 10056 (Rev. 09/13) Version 3.08



Events:

Flippas-n-Fins Ltd.
The Oaks Centre, Queen Anne Drive
Wimborne, Dorset, BH21 3BA
Tel: 07594 946626, e-mail: info@flippas-n-fins.uk



Permission to Use Images

Youth Diver Sessions

| Locations: | Queen Elizabeth Leisure Centre | | | | |
|--|---|--|--|--|--|
| | Open Water dive sites | | | | |
| | | | | | |
| the above-identified even | I grant to Flippas-n-Fins Ltd, the right to take images of my child in connection with the above-identified event. I authorise Flippas-n-Fins Ltd, its assigns and transferees to copyright, use and publish the same in print and/or electronically. | | | | |
| name and for any lawful | I agree that Flippas-n-Fins Ltd may use such images of my child without her/his name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. | | | | |
| I hereby release, discharge and agree to save Flippas-n-Fins Ltd and its legal representatives or assigns, and all persons functioning under its permission or authority, or those for whom it is functioning, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said image or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy. | | | | | |
| I have read and understand the above: | | | | | |
| Youth Diver Name | | | | | |
| Date Of Birth | | | | | |
| Address | | | | | |
| Date | | | | | |
| Signature of parent/guardian | | | | | |
| | | | | | |

VAT Number: 124 0615 56 Company Number: 8920596



Youth Diving: Responsibility and Risks Acknowledgment

| (Flease read Carefully, IIII III all Dialiks, and s | sign and date below.) | |
|---|--|---|
| I/we, | , and my/our child, | |
| have viewed and understand the Youth Divi have been advised and thoroughly informed participant. These risks may include, but ar sinuses and ears, drowning, panic and other bilities, as parent and participant (child), in responsibilities. | ng: Responsibility and Risks video or followed that diving is an adventure sport with e not limited to, pressure related injury serious injury or death. We also under | h inherent risks to the ries affecting the lungs, erstand our responsi- |
| As the parent/guardian of the minor child, I _/ to evaluate whether my/our child should paknowledge of the mental, physical and emotal/we understand and agree it is my/our respregarding my/our child's medical history and | articipate in scuba activities. Our deci tional abilities of our child, as well as b consibility to discuss with a physician | sion is based upon our nis/her medical history. |
| I/we understand and agree that it is my/our of my/our child to determine whether he/sh the program. | 2 | |
| I/we agree to abide by all supervisory and decrtification. | lepth limitations that may accompany | my/our child's PADI |
| I/we understand that PADI certifies instructooped by PADI. | ors/dive centers and provides materia | ls for programs devel- |
| I/we understand that the dive center/resort vision of this activity | and the instructor are responsible for | the conduct and super |
| I/we understand my responsibilities and tho ties and Risk video or flip chart. | ose of my child as set forth in the Yout | h Diving Responsibili- |
| I/we have read this Acknowledgment, under and agree that this Acknowledgment is a bir facility and PADI. | | |
| Parent/Guardian Name | Parent/Guardian Signature | (Day/Month/Year) |
| Participant/Minor Name | Participant/Minor Signature | (Day/Month/Year) |

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EMERGENCY TREATMENT CONSENT FORM Unit 7, St. Philips Central, Albert Road, St. Philips, Bristol BS2 0PD, +44 (0) 117 300 7234, Fax: +44 (0) 117 972 1821

| I affirm I am the parent and/or legal guardian of | NAME OF MINOR . As the |
|--|---|
| | |
| parent/guardian, I hereby authorize Flippas-n-Fins Ltd. and Any C | Vive Professional, and/or its agents, TER/RESORT/INSTRUCTOR) |
| employees or assigns, to seek medical treatment for | , as a result |
| of an accident or illness while under the supervision ofFlippas-n-Fins | |
| I affirm I have read the Certificate of Understanding and Express A the legal consequences of signing the document. | ssumption of Risk form, signed it of my own free will, and understand |
| I authorize the treatment of | , by a qualified and |
| licensed physician in the event of a medical emergency which, in the opinion ment, physical impairment or undue discomfort if delayed. | |
| I have fully informed myself of the contents of this Emergency Treatm | ent Consent Form by reading it before I signed it. |
| PARENT/GUARDIAN (please print) | DATE |
| SIGNATURE OF PARENT/GUARDIAN | HOME PHONE |
| ADDRESS | WORK PHONE |
| Specific medical allergies, medicine being taken or other conditions physiciar | n should be aware of (if none, please write NONE): |
| Modical Incurance Company: | |
| Medical Insurance Company: | |
| Policy Number: | |

| Not | rections: Choose the best answer from the choose. Use either metric or imperial numbers when figuring out your answers. As g dive computers answer questions 1-21, otherwise complete all 25 questions 1-21. | - Answer only for the system you're using. If your instructor teaches dive planning |
|-----|---|--|
| 1. | What is the most important rule in scuba diving? Never dive alone. Always perform a predive safety check. Establish positive buoyancy and relax when at the surface. Breathe continuously and never hold your breath. | 8. The most important feature of my weight system is: how tight I can get the belt to fit on my waist. having enough weight to sink quickly. a clip that prevents weights from accidentally dropping. a quick release that allows me to drop enough weight to float. |
| 2. | To keep my ears from hurting while descending, I should: □ equalize early and often. □ go down as quickly as possible. □ blow air into my mask through my nose. □ always descend head first. | 9. If I become separated from my buddy underwater, what should I generally do? Go up right away, wait a minute and then go back down underwater. Search for a minute underwater and then go up to find |
| 3. | Diving when I have a cold or allergies may cause me to: □ become unconscious without warning. □ become tired or seasick easily. □ have significant difficulty equalizing pressure in my body air spaces. □ use my air up too fast. | my buddy. Go to the surface right away and get out of the water. Find my buddy's bubbles and follow the bubbles to my buddy. My buddy and I observe a mild current at the dive site. Generally, how should we begin our dive? |
| 4. | If I can't equalize my ears while descending, I should: continue diving and deal with the pain. end the dive. swim just below the surface for the entire dive. continue to ascend slightly and attempt equalizing until I | □ Dive with the current. □ Dive across the current. □ Dive against or into the current. □ Dive at an angle to the current. 11. My buddy and I can't get back to the boat due to a current. What should we do? |
| 5. | run low on air. Holding my breath while scuba diving can: cause serious, life-threatening lung injuries. make me float. help me conserve air. lead to oxygen toxicity. | Make ourselves float, signal for help, rest and wait for the boat to pick us up. Descend and try to swim against the current near the bottom. Make ourselves float, signal for help, and try to swim against the current. |
| 6. | If I work too hard and find it difficult to breathe underwater, I should: ☐ inflate my BCD and immediately go to the surface. ☐ stop all activity and rest, hold onto something for support if possible. ☐ swim quickly to my buddy and signal for help. ☐ do a controlled emergency swimming ascent (CESA — swimming up to the surface saying the ah-h-h-h sound). | □ Try to swim against the current by staying just below the surface. 12. Most injuries caused by aquatic animals happen because: □ the animal is trying to protect itself. □ the animal is aggressive. □ the animal can't see that you are a diver. □ the animal thinks you are food. |
| 7. | During a dive, I can't stop shivering. What should I do? Continue the dive, but plan to wear more exposure protection on the next dive. Swim faster to warm up. Exit the water immediately, dry off and seek warmth. | 13. If a diving-related problem occurs at the surface, I should: immediately establish positive buoyancy and stop, think, then act to handle the problem. descend to solve the problem. take my mask off. remove my weight belt and hand it to my buddy. |

Quick Review Name ______ Date _____

☐ Exit the water when planned, but cancel the next dive.

| 14. | My buddy gives me the out-of-air signal, I should: | 21. Most divers begin to notice the effects of gas narcosis at |
|-----|--|---|
| | offer my buddy my alternate air source, then ascend | approximately: |
| | together in a controlled manner. | □ 10 metres/30 feet |
| | ☐ signal for my buddy to make a controlled emergency | 20 metres/60 feet |
| | swimming ascent (CESA – swim up to the surface saying | ☐ 30 metres/100 feet |
| | the ah-h-h sound). | 40 metres/130 feet |
| | look for another diver to share air with my buddy. | |
| | ☐ signal "up" and make a normal ascent. | Use either the RDP Table or eRDPML™ |
| 15. | The risk of decompression sickness (DCS – nitrogen bubbles | |
| | blocking blood flow in the body after a dive) increases, if a | 22. After a dive to 12 meters/40 feet for 60 minutes, the pressure |
| | diver: | group is: |
| | dives in poor visibility, strong moving water, and rough | |
| | seas. | □ P |
| | is tired, cold, sick, thirsty or overweight. | □ R □ T |
| | dives with equipment that is not working properly.does only one dive a day. | |
| | • | 23. A group of Advanced Open Water Divers plans to make two |
| 16. | To reduce the risk of decompression sickness: | dives. The first dive is on a reef in 22 metres/80 feet of water |
| | only fill cylinders with enriched air. | for 20 minutes. The group then remains on the surface for 1 hour. The second dive is on a wreck in 18 metres/60 feet of |
| | □ breathe more slowly than normal. | water, with a planned bottom time of 30 minutes. What will |
| | make a safety stop at 5 metres/15 feet at the end of | be the ending pressure group after the second dive? |
| | each dive. | □ K |
| | ascend to a shallower depth if feeling dizzy. | o l |
| 17. | The first step in using your dive computer is | □ R |
| | setting the time and date. | □ \$ |
| | reading the manufacturer's instructions. | 24. After a dive to 18 metres/60 feet for 23 minutes, with a 40 |
| | a calibrating it for enriched air nitrox. | minute surface interval, what is the maximum allowable time |
| | setting it for fresh or salt water. | for the second dive to 18 metres/60 feet? |
| 18. | If I make two dives in one day and plan to fly home on a | ☐ 14 minutes |
| | commercial plane. What is the minimum time I should wait | ☐ 15 minutes |
| | before getting on the plane? | 41 minutes |
| | ☐ You do not have to wait. | ☐ 38 minutes |
| | 48 hours | 25. A buddy team plans to make two dives. The first dive is to 18 |
| | 24 hours | metres/60 feet for 49 minutes, and the second dive is to 18 |
| | □ 18 hours | metres/60 feet for 24 minutes. How long do they have to stay |
| 19. | To plan a dive, I use my dive computer's Dive Plan Mode (or | on the surface (minimum surface interval) to do these two |
| | other name the manufacturer uses) to determine | dives safely? |
| | ☐ the maximum depth of the previous dive. | 26 minutes |
| | the no stop limits for each depths (typically in 3 | □ 32 minutes |
| | metre/10 foot increments). | □ 54 minutes |
| | whether my computer is compatible with my buddy's | □ 59 minutes |
| | computer. the best settings for my backup computer. | |
| | | eLearner Statement: Any questions I answered incorrectly I've |
| 20. | If I accidentally exceed my computer's no stop limits, I need to: | had explained to me and I understand what I missed. |
| | □ surface immediately, breathe oxygen and report my | · |
| | condition to the divemaster. | Signature |
| | ascend immediately and make a safety stop for three | Date |
| | minutes at 5 metres/15 feet. | |
| | decompress according to the computer's instructions.make a safety stop for as long as possible before | |
| | running low on air. | |
| | . aing for on am | |