

Dive Leader Application



Student Info: Personal and Confidential Please Print Clearly Page 1 of 2



Name: _____ Birth Date: ____/____/____
Last / Family / Surname First / Given Initial Day / Month / Year

Address: _____ M F
 City: _____ State/Province: _____
 Zip/Postal Code: _____ Country: _____
 Home Phone: _____ Daytime Phone: _____
 Email: _____
 Occupation: _____ Referred by: _____

Emergency Contact:



Name: _____	Name: _____
Address: _____	Address: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work/Cell Phone: _____	Work/Cell Phone: _____

Diving History (Please provide a brief explanation of your diving history, attach additional sheets as necessary.):



Advanced Open Water Diver:	Agency: _____	Certification Date: ____/____/____	Certification Number: _____
	Instructor Name: _____		
Rescue Diver:	Agency: _____	Certification Date: ____/____/____	Certification Number: _____
	Instructor Name: _____		
CPR/First Aid:	Agency: _____	Certification Date: ____/____/____	Certification Number: _____
	Instructor Name: _____		
Divemaster:	Agency: _____	Certification Date: ____/____/____	Certification Number: _____
	Instructor Name: _____		
Assistant Instructor:	Agency: _____	Certification Date: ____/____/____	Certification Number: _____
	Instructor Name: _____		
Open Water Instructor:	Agency: _____	Certification Date: ____/____/____	Certification Number: _____
	IT Staff Instructor/ Instructor Trainer Name: _____		
	Instructor Trainer Name: _____		

As indicated by my signature below, I am mentally and physically prepared to enroll in this course, in addition, I have provided my Instructor accurate dive and medical histories.

Student Signature: _____ Date: ____/____/____
Day Month Year

Student Name: _____

DIVE MASTER

Academic Session(s) and Review:

Date Completed: ____/____/____
Day Month Year

of Hours: _____

Pool/Confined Water Session(s):

Date Completed: ____/____/____
Day Month Year

of Hours: _____

Open Water Session(s):

Date Completed: ____/____/____
Day Month Year

of Hours: _____

The student above has completed all the Academic, Confined Water and Open Water requirements.

Instructor Name: _____ Instr. # _____

Instructor Signature: _____ Date: ____/____/____
Day Month Year

Assisting Instructor Name: _____

Student Signature: _____ Date: ____/____/____
Day Month Year

ASSISTANT INSTRUCTOR

Academic Session(s) and Review:

Date Completed: ____/____/____
Day Month Year

of Hours: _____

Pool/Confined Water Session(s):

Date Completed: ____/____/____
Day Month Year

of Hours: _____

Open Water Session(s):

Date Completed: ____/____/____
Day Month Year

of Hours: _____

The student above has completed all the Academic, Confined Water and Open Water requirements.

Instructor Name: _____ Instr. # _____

Instructor Signature: _____ Date: ____/____/____
Day Month Year

Assisting Instructor Name: _____

Student Signature: _____ Date: ____/____/____
Day Month Year

OPEN WATER INSTRUCTOR

Academic Session(s) and Review:

Date Completed: ____/____/____
Day Month Year

of Sessions/Hours: _____

Pool/Confined Water Session(s):

Date Completed: ____/____/____
Day Month Year

of Sessions/Hours: _____

Open Water Session(s):

Date Completed: ____/____/____
Day Month Year

of Sessions/Hours: _____

The student above has completed all the Academic, Confined Water and Open Water requirements.

IT Staff Instructor/Instructor Trainer Name: _____ Instr. # _____

IT Staff Instructor/IT Signature: _____ Date: ____/____/____
Day Month Year

Instructor Trainer Name: _____ Instr. # _____

Instructor Trainer Signature: _____ Date: ____/____/____
Day Month Year

Student Signature: _____ Date: ____/____/____
Day Month Year

Professional Course Check-Off Sheet

Check off the items listed below as they are completed.

SDI Divemaster

Send Copies to ITI HQ:

- Final Exam Answer Sheet
- Physician Sign-Off
- Dive Leader Application—Two Pages

SDI Assistant Instructor

Send Copies to ITI HQ:

- Final Exam Answer Sheet
- Physician Sign-Off
- Dive Leader Application—Two Pages

SDI Open Water Instructor

Send Copies to ITI HQ:

- Final Exam Answer Sheet
- Physician Sign-Off
- Dive Leader Application—Two Pages

Payment: Check Included Visa/MC/Disc./Amex:

Credit Card Number: _____ EXP Date: ____/____/____
Month Year

Credit Card Holder Signature: _____