



# REEF CHECK ECO DIVER REGISTRATION

Please print or type the following information.  
Send with your \$150 deposit to MarineLab, PO Box 787, Key Largo, FL 33037.

## PERSONAL INFORMATION

Name (First, last) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Person to contact in an emergency: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

## MEDICAL INFORMATION

### Health Insurance Information

Insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_

Phone number: \_\_\_\_\_ Policy holder \_\_\_\_\_

Do you have DAN insurance? (recommended) \_\_\_\_Yes \_\_\_\_No If yes, please list policy #

### Medical Information

Please list any and all medical issues:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special dietary needs? \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

## DIVING HISTORY

When did you first get certified as a diver? \_\_\_\_\_

What is your highest level of dive certification? \_\_\_\_\_

Agency: \_\_\_\_\_ Certification #: \_\_\_\_\_

When was your last dive? \_\_\_\_\_

How many dives have you done in the past 12 months? \_\_\_\_\_

Please list any and all specialty certifications you hold:

\_\_\_\_\_  
\_\_\_\_\_