



# Class Application

Aqua Ventures, Inc.  
410-66-OCEAN

9731 York Road  
www.AquaVenturesOnline.com

Cockeysville, MD 21030  
410-666-1892 FAX

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

email Address \_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Date Of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex F  M  Height \_\_\_\_\_ Weight \_\_\_\_\_

Swimming Ability Poor  Fair  Good  Have you ever been scuba diving? \_\_\_\_\_

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: \_\_\_\_\_

Snorkeling

Received Snorkel Manual

Discover Scuba Experience

Received Entry Level Open Water Kit

Entry Level Open Water

I will be completing my open water dives with a referral Instructor in \_\_\_\_\_

Scuba Skills Update ( Refresher class )

Received Scuba Skills Update Manual

Adv. O. W. / Specialty \_\_\_\_\_

Received Adv. O.W. / Specialty Manual

Dive Control Specialist

Received Dive Control Specialist Kit

Scuba Instructor

Received Instructor Training Kit

## Please read and initial

\_\_\_\_\_ I have completed the medical history statement on the back of this form and I understand that a "Yes" answer to any of the questions will require me to have a physician's release prior to any water work.

\_\_\_\_\_ I understand that my deposit is nonrefundable if I cancel within 14 days of the start date, that there is a \$40.00 fee to reschedule my class to a later date and that any unused portion of the class is nonrefundable.

\_\_\_\_\_ My medical history statement is on file from a previous class and my medical history has not changed.

The cost of this course is \$ \_\_\_\_\_. I have enclosed a deposit of 30% \$ \_\_\_\_\_ with this application and agree to pay the remaining 70% balance \$ \_\_\_\_\_ 14 days prior to the starting date of the course.

Signature \_\_\_\_\_

A parent or legal guardian's signature is required for all divers under 18 years old, and the Children's Risk Awareness Video must be viewed by a parent or legal guardian if the student is between 10 to 15 years old.

Signature of Parent / Guardian \_\_\_\_\_