SEASHELL DIVE CENTRE
REGISTRATION FORM

Name: Surname:	Certification:	Country:
Date of Birth:	Last Dive:	Total Dive No. :
Email:	Hotel Name:	Room No. :
Phone +00	Arrival Date:	Departure Date:

Product	1	2	3	4	5	6	7	8	9	10
Full Equipment Set										
Wetsuit										
Regulator										
BCD Jacket										
Computer										
Torch										
Add-ons										
Gozo Day trip										
Night Dive Supplement										
Nitrox 10-12L										
Nitrox 15L										
Boat Dive North per Dive										
Boat Dive South/Gozo per Dive										
Tuna Dive										
Tuna Snorkelling										
PADI Discover Scuba (1/2 Dives)										
Snorkelling Trip (North/Comino)										
Faroud Supplement										

Diving with equipment hire	Date	Diving with own equipment	Date
1 Dive a day		1 Dive a day	
2 Dives		2 Dives	
4 Dives		4 Dives	
6 Dives		6 Dives	
8 Dives		8 Dives	
10 Dives		10 Dives	

BEST OF THE 3 ISLANDS: 10 DIVE PACK

With equipment hire	With your own equipment

Date	Location	Date	Location
Date	Location	Date	Location
Date	Location	Date	Location
Date	Location	Date	Location
Date	Location	Date	Location

By signing this form I agree to pay the given prices and replacement cost for any damaged or lost equipment I hire from Seashell Dive Centre. I understand any dives cancelled any less than 24 hours prior are fully chargeable.

Name:_____ Signed: _____ Date: _____/_____/2024

STATEMENT OF RISKS AND LIABILITY

1. This is a statement in which you are informed of the risks of skin and scuba diving and/or using diving equipment and breathing gases independently of the dive centre.
2. This statement also sets out the circumstances in which you can participate in diving courses/activities, organise and conduct scuba diving activities at your own risk and/or hire/ supply of breathing gases.
3. Your signature below is required as proof that you have read and understood this statement. If you do not understand anything contained in this statement, then please discuss with the Dive Centre staff. If you are a minor this form must also be read and signed by a parent or a guardian.
4. **Warning.** Skin and scuba diving have inherent risks which may result in serious injury or death. Diving with mixed gases (Nitrox, Trimix, Heliox or Heliair) involves certain inherent risks of oxygen toxicity and/or improper mixtures of breathing gas. Diving and compressed air or mixed gases involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that requires treatment in a recompression chamber. Open water diving trips which are necessary for training and certification, and scuba diving trips, may be conducted at a site that is remote, either by time or distance or both, from recompression chamber. In the case of scuba equipment rental and breathing air supply, accident management remains your responsibility at all times. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during these activities.

   You must advise truthfully and inform the instructor (s) and the Dive centre of your medical history and of any change in your physical health during the diving activities.
5. **Equipment.** Prior to each dive you should be familiar with all equipment supplied to you by the dive centre, and ensure that it is in good working order. If diving with mixed gases, it is your responsibility to ensure that the gases are correctly and accurately analyzed and the gas content and cylinder number are recorded in such a manner as to be easily identified at any time. You should not offer the use of diving equipment (including cylinders and regulators) to other persons or entities under any circumstances.
6. **Transportation to sites.** Land and sea transport to dive sites may be provided by the Dive Centre. Using these facilities is at your own risk and the Dive Centre, its management or staff is not responsible for any loss, damage, or injury to yourself or your property.
7. **Dive Planning and Personal Risk Assessment.** Whilst the management and staff of the dive centre will suggest dive sites, conduct a risk assessment on the sites and brief qualified divers on guided and/or organised dives, it remains your responsibility to decide whether the dive is within your qualification and/or experience level, and whether to participate in the dive or not. It is also your responsibility to conduct a personal dive plan and equipment safety check with your partner. You must advise truthfully and fully inform the staff and the Dive Centre of your scuba diving certificate and experience.
8. **Exclusion of liability.** Notwithstanding the Dive Centre's third party liability insurance covering diving activities, neither the Dive Centre, nor its owners, management, nor instructors contracted by the Dive Centre or the training agency, accept any responsibility for the death, injury or other loss suffered or caused by you or resulting from your own conduct or any other matter or condition under your control. Your participation in courses, scuba diving activities and/or the rental of diving equipment, supply of breathing gases and scuba diving independently of the dive centre is at your own risk.
9. **Jurisdiction and applicable law.** Any dispute or claim arising from the services and products offered by the Dive Centre shall fall within the jurisdiction of the courts of Malta and shall be subject to the laws of Malta.
10. **Data protection.** We take your privacy seriously and will only use your personal information in order to provide you with the service you have requested. We will only share your personal information with 3rd parties with whom we are obliged to do so by the Maltese Diving Regulations and in line with the required Training Organisation standards which our diving center is affiliated. Documentation for training purposes is kept for 7 years, while for services relating to dive excursions or rental of equipment for one month.

By signing this form you acknowledge that you have read and understood the above statements.

Participant's Name: _____

_____

Participant's Signature:

_____ email: _____

Birth date (dd/mm/yyyy)

CUSTOMER DETAILS:

_____

Home Address:

_____

_____ _____

Post Code: Telephone No.

IN CASE OF EMERGENCY TO CONTACT :

_____

Name:

Parents Guardian Name: _____

_____

Parents Guardian Signature:

Date of Signature: _____

Departure Date: _____

_____

Malta Address:

_____

_____ _____

Post Code: Telephone No.

_____

Telephone No:

DIVER MEDICAL | Participant Questionnaire *(continued)*

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to participate in recreational scuba diving or freediving on the Islands of Malta.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive.*

1. I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes ☐ *Go to Box A*	No ☐
2. I am over 45 years of age.	Yes ☐ *Go to Box B*	No ☐
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes ☐*	No ☐
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes ☐ *Go to Box C*	No ☐
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes ☐*	No ☐
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes ☐ *Go to Box D*	No ☐
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes ☐ *Go to Box E*	No ☐
8. I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ *Go to Box F*	No ☐
9. I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ *Go to Box G*	No ☐
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes ☐*	No ☐

Participant Signature

If you answered *NO* to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

_____ _____

Participant Signature (or, if a minor, participant's parent/guardian signature required.) *Date (dd/mm/yyyy)*

_____ _____

Participant Name (Print) *Birthdate (dd/mm/yyyy)*

*** If you answered *YES*** to questions 3, 5 or 10 above ***OR*** to any of the questions on page 2, please read and agree to the statement above by signing and dating it ***AND* take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

DIVER MEDICAL | Participant Questionnaire *(continued)*

Participant Name _____ **Birthdate** _____
(Print) *Date (dd/mm/yyyy)*

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes ☐*	No ☐
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes ☐*	No ☐
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes ☐*	No ☐
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes ☐*	No ☐
A diagnosis of COVID-19.	Yes ☐*	No ☐

Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes ☐*	No ☐
I have a high cholesterol level.	Yes ☐*	No ☐
I have high blood pressure.	Yes ☐*	No ☐
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes ☐*	No ☐

Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes ☐*	No ☐
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes ☐*	No ☐
Recurrent sinusitis within the past 12 months.	Yes ☐*	No ☐
Eye surgery within the past 3 months.	Yes ☐*	No ☐

Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes ☐*	No ☐
Persistent neurologic injury or disease.	Yes ☐*	No ☐
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes ☐*	No ☐
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes ☐*	No ☐
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes ☐*	No ☐

Box E – I have/have had:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes ☐*	No ☐
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes ☐*	No ☐
Been diagnosed with a mental health condition#or a learning/developmental disorder#that requires#ongoing care.	Yes ☐*	No ☐
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes ☐*	No ☐

Box F – I have/have had:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes ☐*	No ☐
Back or spinal surgery within the last 12 months.	Yes ☐*	No ☐
Diabetes, either insulin- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes ☐*	No ☐
An uncorrected hernia that limits my physical abilities.	Yes ☐*	No ☐
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes ☐*	No ☐

DIVER MEDICAL | Physician's Evaluation Form

Participant Questionnaire *(continued)*

Box G – I have/have had:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes ☐*	No ☐
Dehydration requiring medical intervention within the last 7 days.	Yes ☐*	No ☐
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes ☐*	No ☐
Frequent heartburn, regurgitation, or gastroesophageal re"ux disease (GERD).	Yes ☐*	No ☐
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes ☐*	No ☐
Bariatric surgery within the last 12 months.	Yes ☐*	No ☐

Participant Name _____ **Birthdate** _____
(Print) *Date (dd/mm/yyyy)*

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

☐ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.
☐ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

_____ _____
Physican's Signature *Date (dd/mm/yyyy)*

Physician's Name _____ Specialty _____
(Print)

Clinic/Hospital – _____

Address _____

_____

Phone _____ Email _____

Insurance Details:

Do you have insurance cover for diving? Yes ☐ No ☐

Who are you insured with: _____

Insurance Policy Number : _____

DIVER'S QUALIFICATION

Certification Agency: Highest Certification Level:

Nº of Logged Dives: Deepest Dive to Date:

Date of Last Logged Dive:

Professional Diving Schools Association
Registered address:
1 Msida Court,
61 Msida Sea Front, Msida, Malta

Correspondence:
P.O.Box 12, St. Paul's Bay SPB 101, Malta.
Email: info@pdsa.org.mt
www.pdsa.org.mt