Discover Scuba® Diving Registration Form

O I choose NOT to receive marketing related mailings from PADI.

O I choose to receive mailings from PADI Partners, such as Project AWARE and selected third parties.

Participant Information – Please print clearly within the boxes provided. Fill bubbles completely ●. Use blue or black pen.

Your personal information, including a valid email address, is required for PADI's Quality Management process. Visit padi.com for PADI's privacy policy.

*Represents a required field

*First Name | MI | *Last Name

*Email | Date of Birth: Day | O Jan O Feb O Mar O Apr O May O Jun O Jul O Aug O Sep O Oct O Nov O Dec | Year

*Participant Mailing Address

*Participant Mailing Address

*City | State/Province | *ZIP/Postal Code

Phone | *Country | Gender: O Male O Female

FOR PADI MEMBER USE ONLY

PADI Professional: You must register participants within 7 days by either using Online Services on the PADI Pros' Site or mailing the Discover Scuba Diving Registration Form to your PADI Office.

I have conducted the following portion(s) of the PADI Discover Scuba Diving Program according to current PADI Standards: O Briefing and Confined Water O Open Water Dive (optional)

*Program Completion Date (Day/Month/Year) | *Dive Center/Resort Number | Program Location

Member Name (Please Print) | *Member Number

Member's Signature | Date (Day/Month/Year)

64385

Send top copy to your PADI office. **Members retain bottom copy for your records.**