



Annual Diver Information Form

Name: _____

Address: _____

Home phone: _____

Cell phone: _____

E-mail: _____

DAN member number: _____

Emergency contact information (two required)

1. Name: _____ **Relationship:** _____

Phone: _____

Cell phone: _____

E-mail: _____

2. Name: _____ **Relationship:** _____

Phone: _____

Cell phone: _____

E-mail: _____

Diver Information

Date of last dive: _____

Number of cold water dives in past 12 months: _____

Total number of dives: _____

Certifications:

Agency/Number//Date

Open Water _____

Advanced Open Water _____

Rescue _____

CPR/First Aid _____

Drysuit Diving _____

Nitrox _____

CPR _____

Other Certifications:

Acknowledgement

I acknowledge that I have read, understand the MAS STANDARDS FOR SCIENTIFIC DIVING MANUAL and agree to adhere to procedures and standards during MAS diving activities

Signature _____

Date: _____