



MIDWEST AQUATICS SWIM AND SCUBA CENTER PERSONAL TRAVEL INFORMATION REQUEST AND RELEASE

PLEASE PRINT CLEARLY AND COMPLETELY FILL OUT THIS FORM

Last Name _____ First Name _____ Middle Name _____
(Legal name as it appears on passport, birth certificate, or marriage certificate. No nicknames)

E-mail Address _____

Street Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Passport Number _____ Country of Citizenship _____ Social Security Number _____

Date of Birth _____ Occupation _____

Employer _____ Address _____

Medical Insurance Carrier _____ ID Number _____

Dive Accident Insurance Carrier _____ ID Number _____

(Midwest Aquatics strongly urges that all divers carry dive insurance in case of any dive related injury. Without such insurance you are significantly increasing your chances of long term problems if such an accident should occur. If you choose not to have such insurance you must complete the following statement:

I _____ do not carry dive insurance and recognize that in case of a dive related injury, treatment may be delayed or even withheld. I will not hold Midwest Aquatics or its staff responsible in such an incident.

Signature _____

Certification Level _____ Certification Agency and Number _____

Allergies or drug reactions _____

Medical conditions we should know about _____

Special Dietary Needs _____

Emergency Contact Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____