University of Mississippi /AAUS SCIENTIFIC DIVING APPLICATION AND RESUME

SCIENTIFIC DIVING APPLICATION AND RESUME		
Name:	Birth Date:	
Phone:	Current Age:	
Address:		
Original certification (agency, rating	g, date):	
Other certifications:		
	_	
Total # of dives:		
By depth:	By location:	
0-30'	SW temperate	
30-60'	SW tropical	
60-100'	FW temperate	
100'+	FW tropical	
Brief description of dive history (e.g	g. mostly boat dives, S. California etc.)	
Future dive plans/goals:		
Emergency Contact: Name:		
Relationship:		
Phone: (work)		

I understand there are inherent risks in diving on compressed air. I hereby release The University of Mississippi and its agents from any liability due to SCUBA diving.

Address:

Name:	Signature:
Date:	Witness: