

Visiting Diver Application

Name

Date of Birth (MM/DD/YYYY)

Job title

Emergency Contact

Relationship to applicant

Phone numbers of emergency contact (home and mobile)

Please attach the following supporting documents:

1. Diving medical clearance from a physician.
2. Copy of highest diving certifications.
3. Proof of valid liability coverage.
4. Proof of active diver status from a university, government agency, or AAUS organizational member (if applicable).
5. List of personnel equipment intended for use (including manufacturer's names, models, serial numbers, and proof of service).

_____ Date of most recent dive (MM/DD/YYYY).

_____ Date of last diving medical (MM/DD/YYYY).

_____ Number of dives completed in the last 12 months.

Please list any SCUBA specialties or other relevant certifications below:



If authorized as a visiting CRAG diver, I agree to adhere to the standards, procedures, and guidelines in the CRAG Dive Safety Manual:

Applicant signature

Date

For the DSO:

This is to verify that the above individual is authorized as a visiting diver under the CRAG dive program.

DSO Signature

Date