

North Queensland Underwater Explorers Club

# PARTICIPANT INFORMATION SHEET

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (h): \_\_\_\_\_ Phone (m): \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Emergency contact primary number: \_\_\_\_\_

Emergency contact alternate number: \_\_\_\_\_

Certification agency: \_\_\_\_\_ Certification date: \_\_\_\_\_

Number of dives: \_\_\_\_\_ Date of last dive: \_\_\_\_\_ Deepest Dive: \_\_\_\_\_

Do you have D.A.N., A.U.F. or other diving insurance? YES NO

Details: \_\_\_\_\_

Do you have your policy number and your insurance provider's emergency contact details?

YES NO N/A

Do you have any medical conditions which may influence an emergency response to a snorkelling or diving accident? (Heart condition, severe allergy, epilepsy, asthma, etc).

YES NO

Details: \_\_\_\_\_

Do you have any qualifications which may be helpful in the event of a snorkelling or diving accident? (Senior First Aid Certificate, Resuscitation, Oxygen Provider, Bronze Medallion, Power Boat Licence, Marine Radio Operator Ticket, etc).

YES NO

Details: \_\_\_\_\_

\_\_\_\_\_

Note: This information will only be used by the NQUEC Dive Officer or an NQUEC Activity Organiser to assist an emergency response to an accident, and is not a liability release or indemnity form. The form can be returned to the participant at the completion of the activity.