

課程報名表

Application Form

活動日期 : _____

個人資料 Student Profile

英文姓名
Name in English _____
英文名字 First name 英文姓氏 Last name

中文姓名
Name in Chinese _____
聯絡電話號碼 Mobile Phone

性別 女性 Female 男性 Male 職業
Gender Occ. _____

出生日期
Date of Birth _____
年 Year 月 Month 日 Date

電郵地址
Email Address _____

職員使用 For Office Use Only	
Member No.	MB
Date	/ / 2026
Invoice No.	
Payment Method	Visa / Master / EPS / COD / 銀聯 / 轉帳 / 支付寶 / FPS / AE / Payme
Course Fee	HK\$
Lunch	<input type="checkbox"/> DA 船上午餐 <input type="checkbox"/> 自備 <input type="checkbox"/> 外賣午餐
Handle by	
Remark	

申請人簽名 Applicant's Signature

日期 Date

18 歲以下青少年父母或監護人簽名
Signature of Parent or Guardian
(For children under 18 years old)

父母或監護人姓名
Parent's or Guardian's Name

與申請人關係
Relationship

聯絡電話號碼
Contact Number

緊急聯絡人資料 Emergency Contact Information	姓名 Name	關係 Relationship	電話 Mobile Phone

為方便儀器借用，請回答下列問題 For the diving equipment preparation, please answer the below:

體重 Body weight	身高 Height	鞋號 Shoe size
kg / lbs	m / ft	UK / US

參加者須知 Awareness of Applicant

1. 訓練班不會提供有近視或遠視度數的潛水鏡、個人梳洗用品、午餐、泳衣及泳褲予參加者，請參加者在泳池及出海時自行準備。
Diving Adventure (DA) will NOT provide any mask with correction lens, personal cleaning supplies, lunch and swimming suits / pants to the applicants.
2. 本會基本上只借出加細碼、細碼、中碼、大碼及加大碼的膠衣，恕未能提供一些特別尺碼的膠衣予參加者。如這五種尺碼均未能適合，參加者可考慮自行購買。
DA will only provide normal size wetsuits (XS, S, M, L, XL) to the applicants.
3. 如在訓練期間遺失或損毀借用之潛水裝備，本會將要求參加者照原價賠償。
Applicants will be liable for any lost or damage to the DA equipment caused by the applicants during the training.
4. 當天文台懸掛三號或以上之颱風信號或黑色暴雨警告時，當天水上實習之活動將會改期。如參加者不論任何情況無故缺席或自行因天氣情況、遲到而延誤課程或取消活動，本會將收取有關補堂之費用。**(活動前超過 48 小時更改時間另收行政費用*\$100，48 小時之內更改時間或缺席者當日已繳交活動的費用將不會退還，需重新繳交)** *每堂港幣
Upon severe weather conditions such as Typhoon signal 3 or black rain being hoisted 2 hrs. before the water activities, DA will cancel the event. Participant(s) must adhere to the course schedule(s). Administration and Reschedule fees will be charged if the participants fails to adhere to the schedule. **(Reschedule or cancel before 48 hrs. of the event starting, admin fee *\$100; No refund or reschedule within 48 hrs., or no-show)**
5. 各參加者在考慮參加課程前請先確認自己的身體狀況是否適合參加，有否患有一些不適宜潛水的疾病如哮喘、心臟病或耳膜受損等；如有疑問，請先徵詢醫生的意見或作身體檢查。如參加者刻意隱瞞而導致意外發生，本會概不負責，而本會一經得知，亦有權終止該生繼續參加，而學費恕不退回。
Applicants should consider if their physical health is suitable for this activity. DA will NOT take any responsibility for any concealed medical history in the application form. DA reserves the right to terminate the applicant's candidacy, and the course fee will NOT be refunded in this case.
6. 如教練或本會職員於任何時間觀察到參加者的健康狀況不宜學習，教練有權終止其學習以策安全。
Instructor or DA reserves the right to terminate the course for safety reason upon observation when students are not in good health.
7. 課程學費恕不退回，學生亦不得更改班別或私自作出課堂的轉讓而學費亦不可轉作其他用途。
Enrollment fee is NON-REFUNDABLE and NON-TRANSFERRABLE once paid. Cancellation fee or postponement fee may be applicable upon changing of the course schedule.
8. 本會不會代為保管參加者財物。請小心保管個人財物，課室、泳池或出海訓練時避免攜帶貴重飾物或大量現金。如有遺失，本會恕不負責。
Please take good care of all your belongings, DA takes NO responsibility for any property lost in the classroom, pool or on boat.
9. 參加者請勿攜帶寵物參加活動。
Pets are NOT allowed on board our diving boats or in pool.
10. 如遇上特別情況，本會及教練保留更改原定課程之上課時間、地點、導師及船隻之權利。
DA reserves the right to change the course timetable, instructor and location in particular circumstances.
11. 本會著重安全第一及嚴謹遵守潛水員守則，因此參加者必須聽從教練指示，未經許可不得擅自下水。如發現有任何違法、違規或行為操守有問題者，將被勒令即時退出，所繳費用亦一概不獲發還。
Safety is always our first priority. Therefore applicants must obey the Rules and Regulations of Divers, and follow the instructions from your instructor. Entering the water without permission is NOT allowed. Violations of the rules will result in the prohibition to dive, and at the same time, DA reserves the right to withdraw the applicants from the course where refund is NOT possible.
12. 參加者必須依時出席所有訓練，如未能出席所有課堂及完成課程，本會保留發證之權利。如需補堂，費用另議。
Applicants must participate in all scheduled training on time. DA will not issue the certificate in case of incompleteness of the course.
13. 本會保留刊登任何參加者於活動時之照片、影像之權利，以作任何本機構的活動宣傳之用。
DA reserves the right to distribute any activity photos or videos taken during the training sessions or during on boat activities for advertising purposes.
14. 本會擁有任何權利決定接受或拒絕任何申請，而不須作任何解釋。
DA reserves the right to accept or reject any application without giving any explanation(s)

本人 _____ 已經閱讀過背頁的參加者須知，並完全明白及了解「潛水歷險會參加者須知」的內容及願意遵守須知內的守則來進行安全潛水活動。

I _____ have acknowledge & agreed to the "Awareness of Applicant" stated above by reading it before I signed it on behalf of myself.

參加者簽署
Signature of Applicant

18 歲以下青少年父母或監護人簽名
Signature Of Parent or Guardian
(For children under 18 years old)

日期
Date (Day/Month/Year)



PADI Seal Team Statement

Participant Record (confidential information)

PLEASE PRINT CLEARLY.

Name _____ Birthdate _____ Age _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (_____) _____ Email _____

Emergency contact _____ Relationship _____

Primary Phone (_____) _____ Secondary Phone (_____) _____

NOTE: Also complete and attach the Diver Medical Form (Product No. 10346)

NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT

I understand and agree that PADI Members ("Members"), including _____ store/resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _____ store/resort and/or the instructors and divemasters associated with the activity.

PADI SEAL TEAM ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT

Please read carefully and fill in all blanks before signing.

I, _____ parent/guardian name, parent/guardian and _____ participant name, participant, hereby affirm that we are aware of and understand there are inherent hazards associated with snorkeling and scuba diving which may result in serious injury or death.

We understand there are certain risks associated with aquatic activities conducted in and around a swimming pool or confined water dive site, and we expressly assume the risk of said injuries.

We understand the PADI Seal Team program is a series of AquaMissions which will be conducted in a swimming pool or confined water dive site. We understand that my child may choose to participate in one or all of these AquaMissions. These AquaMissions include, but are not limited to, five (5) core AquaMissions involving the introduction of basic dive skills and ten (10) Specialty AquaMissions including, but not limited to, Adaptive Support, AWARE Dive Against Debris, Creature ID, Freediving, Innerspace, Mermaid, Navigation, Night, Safety, Search and Recovery, Shark, Snapshot, Snorkeling, Underwater Science and Wreck. We understand and agree that this Release encompasses and applies to all the PADI Seal Team AquaMissions, as described above, in which my child chooses to participate.

continued on page 2

PADI SEAL TEAM ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT (continued)

Further, we hereby state and agree that this Release will be effective and valid for all PADI Seal Team activities in which my child participates for a period of one year from the initial date on which I execute this Release.

We understand that diving with compressed air involves certain inherent risks and my child will be exposed to these risks. Decompression sickness, embolism or other hyperbaric injuries can occur which require treatment in a recompression chamber. We further understand that this activity may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. We still choose to proceed with this activity in spite of the absence of a recompression chamber in proximity to the activity site.

We understand and agree that neither the dive professionals conducting this activity, nor the facility through which this activity is conducted, _____, nor PADI Americas, Inc. or its parent company, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to my child, me, my family, our heirs or assigns that may occur as a result of my child's participation in this activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.

We further understand that scuba diving is a physically strenuous activity and that my child will be exerting him/herself during this activity and that if my child is injured as a result of heart attack, panic, hyperventilation, etc., that we expressly assume the risk of said injuries to my child. We affirm that we will not hold the above listed individuals or companies responsible for the same.

In consideration of my child being allowed to participate in this activity we hereby personally assume all risks in connection with the activity for any harm, injury or damage that may befall my child while participating in the activity, including all risks connected therewith, whether foreseen or unforeseen.

We further release and hold harmless said activity and the Released Parties from any claim or lawsuit by my child, me, or my family, or our estate, heirs or assigns, arising out of my child's participation in this activity.

We understand and agree this Release is divisible, and any portion herein held to be in violation of any applicable statutes or regulations or any governmental agency having jurisdiction shall affect only that portion held to be invalid or inoperative, and the remaining portions of this Release shall remain in full force and effect.

I further state that I am of lawful age and legally competent to sign this Assumption of Risk and Liability Release Agreement, and as the parent am providing written consent for the participation of my child.

We understand that the terms herein are contractual and not a mere recital and that we have signed this Release of our own free act.

I, _____, PARENT/GUARDIAN AND _____, PARTICIPANT, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY IS CONDUCTED, AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I _____, PARENT/GUARDIAN AND _____, PARTICIPANT HAVE COMPLETED THE ATTACHED DIVER MEDICAL FORM (10346) AND AFFIRM IT IS OUR RESPONSIBILITY TO INFORM THE INSTRUCTOR OF ANY AND ALL CHANGES TO MEDICAL HISTORY AT ANY TIME DURING PARTICIPATION IN SCUBA PROGRAMS. WE AGREE TO ACCEPT RESPONSIBILITY FOR OMISSIONS REGARDING OUR FAILURE TO DISCLOSE ANY EXISTING OR PAST HEALTH CONDITION, OR ANY CHANGES THERETO.

WE HAVE FULLY INFORMED OURSELVES OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF, MY CHILD, AND OUR HEIRS.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian

Date (Day/Month/Year)



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>