



**AIDA FREEDIVING COURSE
Registration Form**

Please fill out ALL the following information in BLOCK CAPITALS

Personal Information

Name	
Postal Address	
County/ State	
Postcode/ Zip Code	
Country	
Email Address	
Telephone Number	
Date of Birth	

Next of Kin (who to contact in case of emergency)

Name	
Postal Address	
County/ State	
Postcode/ Zip Code	
Country	
Telephone Number	
Relationship to you	

Course/s undertaking (please tick relevant boxes)

AIDA * Freediver	
AIDA ** Freediver	<input checked="" type="checkbox"/>
AIDA *** Freediver	
AIDA **** Freediver	
AIDA Instructor	
AIDA Deep Tank Freediver	
AIDA Competition Freediver	
AIDA **** Competition Freediver	
AIDA Competition Safety Freediver	
AIDA Monofin Freediver	
Other- please specify	

Date course commences:	
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**AIDA (International Association for the Development of Apnea)
MEDICAL STATEMENT**

Name: _____

****IMPORTANT – PLEASE READ ****

Freediving is a strenuous activity carried out in the underwater environment, which may, under certain conditions, increase your risk of injury. This risk may be significantly increased if you have certain physical conditions. These same physical conditions would not necessarily be a safety factor in other strenuous activities or sports. AIDA therefore uses the following questionnaire to make you aware of these conditions. Failure to address these conditions prior to engaging in breath-hold diving activity may endanger your health, your safety and the safety of any person you may dive with in the future.

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in freedive training. A positive response to a question does not necessarily disqualify you from freediving. A positive response means that there is a pre-existing condition that may affect your safety while freediving and you **MUST** seek the advice of a physician prior to engaging in freedive activities. The physician needs to sign at the bottom of the form to say that he/she finds no medical conditions incompatible with freediving if any 'YES' box is ticked.

Please answer the following questions on your past or present medical history by ticking the box marked **YES** or **NO**. If you are not sure, answer **YES**.

Yes / No

1	Neurological Conditions: Especially any history of seizure disorder, stroke, brain surgery, repeated black outs or fainting fits, severe migraine headaches, or aneurysm of the brain's blood vessels	
2	Cardiovascular Conditions: Especially heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure	
3	Pulmonary Conditions: Especially a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe	
4	Ear Conditions: Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, or major ear surgery	
5	Sinus Conditions: Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection	
6	Asthma: History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of an inhaler for control of wheezing	
7	Diabetes Mellitus: Especially Type I Diabetes (Insulin dependent) or Type II Diabetes, which requires insulin or oral medication for control. Any form of Diabetes that is unstable, "brittle" or produces episodes of hypoglycemia (low blood sugar reactions), hyperglycemia (extremely high blood sugar with ketosis) or if there is related kidney disease, eye disease, heart disease or blood vessel disease.	
8	Pregnancy: If you are presently pregnant or planning to be pregnant	
9	Freediving/ Scuba Diving Conditions: Previous history of a diving accident, decompression sickness, decompression of the inner ear or air	
10	Medication: Any medication taken on a regular basis either over-the-counter or prescribed by a physician	
11	General Medical Problems: Any physical and/or emotional condition not mentioned that might effect your safety in an underwater environment or affect your judgment under times of physical or emotional stress	





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Signed:

**Name of Freediver:
(IN BLOCK CAPITALS)**

Date of Birth*:

00/01/00

Date:

*** If the Freediver is aged less than 18 years, this must also be signed by a parent/guardian**

Name of participant's parent or guardian:

Signature of participant's parent or guardian:

PHYSICIAN TO COMPLETE (If any 'YES' box from Page 1 was ticked)

- (_____) I find no medical conditions that I consider incompatible with freediving
(_____) I am unable to recommend this individual for freediving

Physician's Signature:

**Physician's Name:
(IN BLOCK CAPITALS)**

Date:

Physician's phone number:

**Physician's Stamp
or Postal Address:**

My signature on the above verifies that I have completely reviewed this applicant's Medical Statement and find no counter-indications for freediving.



LIABILITY RELEASE AND ASSUMPTION OF RISK

TO: AIDA INTERNATIONAL AND AIDA INSTRUCTOR _____

I _____ hereby declare that I am aware that freediving has inherent risks, which may result in serious injury or death. I still choose to participate in the freediving activities with
0 _____

I understand and agree that neither my instructor 0 _____ nor AIDA International, nor any of their respective employees, officers, agents, contractors or assigns (herein after referred to as the "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in freediving activity with AIDA International or as a result of the negligence of any party, including the Released Parties whether passive or active.

In consideration of AIDA International allowing me to participate in the freediving activity, I hereby personally assume all risks of the experience, whether foreseen or unforeseen, that may befall me while I am freediving with
0 _____

I declare that I am in good mental and physical fitness for freediving and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicatory to freediving. I declare that if requested as a result of completion of the AIDA Medical Statement, I have seen a physician and have approval to freedive.

I further declare that I am of lawful age and legally competent to sign this liability release.

I understand the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained therein.

Signature of participant:

Date of signing:

Signature of participant's parent or guardian:

(If participant is aged under 18 years)
