



ダイビング・シュノーケリング申込書

Diving / snorkel Application Form

※申込書はお一人様2枚ご記入ください ※One form per person

Application form grid with fields for Name, Date of Birth, Age, Gender, Blood Type, Address, Phone Number, Emergency Contact, and Relation.

ダイビング歴 / Diving History

Cカード保持者をご記入ください / C card holders, please fill in

Diving history form grid with fields for Certified organization, Name of C card, Number of dives, Last dive date, and Concerns.

病歴・健康状態 / Medical & Health Questionnaire

現在・過去の病歴で該当するものすべてに☑を入れてください。

Please check any applicable conditions.

- Medical conditions checklist including Heart disease, Asthma, High blood pressure, Diabetes, Rhinitis, Gastric ulcer, Epilepsy, Pregnant, Sleep apnea, and Other.

上記のどれでもない (良好である) / None apply to me

参加同意書 / Participation Agreement

私はこのプログラムの内容を理解し、自己責任のもとで参加することに同意します。

I understand the contents of the program and agree to participate at my own responsibility.

Signature lines for Participant and Guardian with date fields.