

DIVE RUTLAND
PADI 21850 5 Star Dive Centre
www.diverutland.com

DIVER DATA COLLECTION FOR SCUBA DIVING

This form needs to accompany:

- 1) A Completed DSD registration form.
- 2) A PADI Medical Form with a physicians signature if a YES appears on form (1).

ALL DATA IS REQUIRED TO UNDERTAKE THE ACTIVITY

Name				
Gender	M/F		Date of Birth	
Shoe Size			T-Shirt Size	
Address:				
Postcode:				
Email:	<i>An email is required to register the diving experience.</i>			

Data Protection: Your details will be held by PADI Europe, Middle East and Africa and Dive Rutland, and used to manage your dive registration. For more information explaining how we use your information, please see our Privacy policy on www.padi.com

Please tick/not tick the following:

- I do not wish to receive marketing related mailings from PADI
- I choose to receive mailings from PADI Partners, such as Project AWARE and selected third parties