

**MARINE & NATURAL HISTORY PHOTOGRAPHY**  
**Underwater Photography Registration Form 2023**

Your Name	
Your Date of Birth	
Your Mobile Number	
Your Email address I will only use your University email.	
Next of Kin Name:	
Address:	
Home Telephone:	
Mobile Number:	
Have you completed your dive training? (PADI AOW or BSAC Sportsdiver)*	Yes No Please circle
Dive Certification Level*	
Dive Certification No.	
*Please email me a scanned copy of your certification <a href="mailto:dive@falmouth.ac.uk">dive@falmouth.ac.uk</a>	

Dive Equipment Owned Please tick <input checked="" type="checkbox"/> boxes and sign as appropriate			
Regulators	<input type="checkbox"/>	Semi-dry	<input type="checkbox"/>
BCD	<input type="checkbox"/>	Boots	<input type="checkbox"/>
Timing Device	<input type="checkbox"/>	Hood	<input type="checkbox"/>
Mask (and snorkel)	<input type="checkbox"/>	Cylinder	<input type="checkbox"/>
Fins	<input type="checkbox"/>	Weights	<input type="checkbox"/>
None: <input type="checkbox"/>		Dry Suit if owned	<input type="checkbox"/> I confirm that I have been trained in dry suit use and that I maintain my dry suit according to manufacturer's guidelines. Please supply proof of certification.
			Signed: _____ Date: _____

DSO Use Only	Yes/No	Date	Comments
Proof of Certification supplied			
Certification Checked			
Medical Signed			
Date Medical Expires			
Induction attended			
<b>Approved Diver</b>			<b>Signed (DSO)</b>