

Application form

Name	FAMILY NAME /	FIRST NAME /
Address	Country	
Date of birth	Sex	Man / Woman
Blood type	A · B · O · AB Rh+ Rh-	
Sight	Right Left	(Naked eye, Glasses, Contacts)
Body size	Shoe size	Height
Emergency contact	Name Relationship	TEL :
Last dive date	Number of diving experiences	
Diving C Card Rank and Acquisition Date		

Health check

- Depending on your health condition, you may not be able to participate in the program.
 ■ Please mark the following if you have the following illness or condition.
- Puncture of tympanic membrane Meniere's disease Otitis media Chronic sinusitis (spores) Arrhythmia Tuberculosis Arthritis
 - Nasal obstruction (nasal polyps, nasal septal curvature) spontaneous pneumothorax pulmonary emphysema Intrinsic bronchial asthma
 - There are cavities filled with fillings in the teeth and unmatched prosthetic teeth Inflammation of the bronchus by smoking Glaucoma
 - Tuberculosis left in the lungs Tuberculosis Valvular disease Coronary artery disease Conjunctivitis Paraplegia Epilepsy
 - Acute respiratory infection (cold, pneumonia, bronchitis) Neurological disease myositis pancreatitis diabetes extreme obesity
 - Cardiomyopathy Hypertension Psychiasis Alcoholism Neuralgia Migraine Spasm seizure / brain wave abnormality after head trauma
 - Rheumatoid arthritis stroke (intracerebral hemorrhage, cerebral infarction, subarachnoid hemorrhage) pregnancy
 - stomach, duodenal ulcer hepatitis Severe motion sickness Poverty such as closed place, high place, open place
 - Thyroid disease (oralgia can not be adjusted) Allergic reactions caused by pollen, food, etc. that limit daily life and exercise
 - When riding on an airplane or crossing a car by car, you can not balance the pressure in your ears and sinuses and feel pain
 - Ascend and descend on the chair 5 times in 5 seconds, measure the pulse and do not return within 45 seconds
 - There are any respiratory or circulatory system abnormalities (exercise restriction by examination) after COVID-19 illness
 - Diseases other than the above

Program content confirmation statement

I am fully convinced of the potential hazards of the programs I participate in. I also accepted cancellation fees for dates, rates, venues and schedules, and other costs that will be required.

I can safely carry out basic diving techniques such as mask clear, regulator recovery, regulator clear, residual pressure check, ascent and dive, assuring buoyancy, neutral buoyancy and breathing methods without anxiety.

Also, I will participate in this program following the rules below.

1. I will follow the instructions based on the safety of the organizer and lead officer.
2. If I reach out, I will keep the distance between the buddies enough to reach the buddy, and I will not do selfish actions such as leaving the buddy or the team.
3. I will be responsible for health management, and immediately notify the organizer or the responsible person when I notice any abnormalities, and will stop diving.
4. I will follow the dive plan (decompression table or dive computer) specified by the organizer or lead manager.
5. I will inform the organizers and lead managers in advance if there is residual nitrogen before diving.

Date _____

Signature _____

Parent's signature (in case of minor) _____

Confirmation at program start

- If there are symptoms such as lack of sleep, alcoholism, drug use, or poor health, you can not participate in the program.
 ◇ Please answer the following questions with YES or NO. And write your signature.

● Date	/	/	/	/
● Sleeping time is enough.				
● I'm not getting drunk.				
● My health is good.				
● I have not taken any medication.				
● There are no allergic reactions caused by pollinosis or food.				
● There are no respiratory or circulatory system abnormalities (exercise restriction by examination) after COVID-19 illness.				
● I would like to participate in today's program.				
● Signature				