

I give permission for Dive South to retain a copy of my details for their records in accordance with their [Privacy Policy](#)*



*Required fields please fill in. The other information is optional, but helpful.

Contact Sheet

Please fill in so we know what kit and sizes to put together for you...

First name*				Surname*	
Middle initial(s)	Date of birth*	DD / MM / YY			
Address					Postcode
Home Tel.				Mobile Tel.*	
Email*					

Medically fit for diving (please tick one)* YES NO

Please fill in the [RSTC Medical form](#) if this is your first course with us or we haven't seen you for a while. Please note the RSTC medical forms are only valid for one year, so you will be asked to complete a new one each year or if your medical circumstances have changed within this time.

Diving History

Training agency*				Qualification level*	
Number of dives	Date of last dive	DD / MM / YY		Location	
UK diving experience	YES	NO	Date of last UK dive	DD / MM / YY	
Other dive qualifications					

Kit Requirements

Please fill in so we know what kit and sizes to put together for you...

Foot size*				Shirt Size*	
I will need... (tick any that apply)*					
Mask	Snorkel	Regs	BCD	Boots	
Fins	Tank	Weights	Weight belt		
Wetsuit	Dive computer	Hood	Gloves		

Notes

