

# Discover Scuba Diving Registration Form

**Participant Information – Please print clearly within the space provided. Use Black or Blue Pen. Anything with a (\*) is required.**

Your personal information, including a valid email address, is required for PADI's Quality Management process. Visit [padi.com](http://padi.com) for PADI's privacy policy

\*First Name: \_\_\_\_\_ MI: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\*E-Mail: \_\_\_\_\_ \*Date of Birth: D: \_\_\_ M: \_\_\_ Y: \_\_\_\_\_

\*Participant Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

\*City: \_\_\_\_\_ State/Province: \_\_\_\_\_ \*ZIP/Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ \*Country: \_\_\_\_\_ Gender: \_\_\_\_\_

I choose NOT to receive marketing related mailings from PADI

I choose to receive mailings from PADI Partners such as Project AWARE and selected third Parties

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## FOR PADI MEMBER USE ONLY

**PADI Professional:** You must register participants within 7 days by either using Online Services on the PADI PRO's Site or mailing the Discover Scuba Diving Registration to your PADI office.

**I have conducted the following portion(s) of the Discover Scuba Program according to PADI Standards:**

Briefing and Confined Waters

Open Water (dive optional)

Program Completion Date: D: \_\_\_ M: \_\_\_ Y: \_\_\_ Dive Center/Resort Number: \_\_\_\_\_ Location: \_\_\_\_\_

Member Name (Please Print): \_\_\_\_\_ Member #: \_\_\_\_\_

Member's Signature: \_\_\_\_\_

Date: D: \_\_\_ M: \_\_\_ Y: \_\_\_\_\_