



Alexandria Underwater Archaeological Field School Application Form

PERSONAL DATA					
First name		Last name			
Date of birth		Birth place			
Country		State			
Address					
Postal code		City			
Current ID number					
Phone		Cell phone			
E-mail					
Educational qualification					
Occupation					
DIVING EXPERIENCE					
SCUBA Certification:		Issuing Federation:		Issuing Date:	
Dive insurance (required)					
Number of certified dives		Date of last dive			
DIVING EQUIPMENT					
Fill in (YES) if you own the piece of equipment specified, and (NO) if you do not. If you need to have equipment provided, please specify size where necessary.					
Mask		Wet suit		Compass	
Fins		Gloves		Tank 12lt	Supplied
Regulator		Boots		Weight belt + Weights	Supplied
BCD		Pressure gauge			
Dive computer		Depth gauge			
MEDICAL HISTORY					
Chronic diseases					
Surgical interventions and/or barotraumas					
Medications					
Other:					

Date: _____
dd/mm/yyyy.

Name: _____

Signature: _____