

Referral Student Record

SCUBA SCHOOLS INTERNATIONAL



2619 Canton Court, Fort Collins, Colorado, BD525-4498
Phone (303) 462-0883 / Fax (303) 482-6157

(Full Name) _____

Street _____ City _____ State _____ Zip _____ Country _____

D.O.B _____ Male Female Height _____ Weight _____ Phone (H) _____ Phone (W) _____

IN CASE OF AN EMERGENCY CONTACT Name _____ Relationship _____ Phone (H) _____ Phone (W) _____

Address _____ City _____ State _____ Zip _____

PART 1: TO BE COMPLETED BY THE SSI INSTRUCTOR CONDUCTING THE CLASSROOM AND POOL TRAINING.

This is to certify that I am a current SSI Instructor and that on _____ (Date)
_____ satisfactorily completed an SSI
(Student Name)

Required classroom and pool/confined water training, as verified in the log book and student Training record, and in my opinion is comfortable and ready for open water training.

Instructor Name _____ Rating & Number _____

Signature _____ Date _____

Store Name _____ Phone () _____

Address _____

City _____ State _____ Zip _____ Country _____

The student's Open Water Diver certification card is to be issued by the named SSI Store

1. Final Exam Score _____
2. ** Copy of Medical Exam attached to this form Yes
3. This student was taught to share air by passing the
 Primary Regulator Alternate Air Source
4. This student was taught the Emergency Ascent Skill using the
 Emergency Buoyant Ascent Emergency Swimming Ascent
5. Classroom and Pool log pages in the students log book have been completed and signed by both the
Student and Instructor Yes

PART 2: TO BE COMPLETED BY THE REFERRAL INSTRUCTOR CONDUCTING OPEN WATER TRAINING.

OPEN WATER TRAINING RECORD

ACTIVITY *	Class 1 Snorkeling	Class 2 Scuba	Class 3 Scuba	Class 4 Scuba	Class 5 Scuba
As indicated by the Student initials and Instructor initials. The student has Satisfactorily completed the SSI Snorkeling, Scuba Diving Skills required for the class and is comfortable and ready for the Next Open Water Class.					
Date: _____ Student Initials: _____ Instructor Initials: _____					
As indicated by their signatures below, both the Student and the Instructor agree that the Student has successfully completed the SSI entry-level Open Water Diver Training requirements and that the Student is comfortable and prepared and ready for the next level of Open Water Training. Both also agree that the Student is mentally and physically prepared to dive without the care of an Instructor.					
(Date) _____ (Student Signature) _____ (Instructor Signature) _____ (Instructor No) _____					

1. Informed Consent Waiver Release signed prior to Open Water Training Yes
2. Updated Medical Exam reviewed Yes
3. Open Water Training pages in the Students log book have been completed and signed by both the Student and Referral Instructor Yes
4. Open Water Training Referral page in students log book has been signed by both the Student and Referral Instructor Yes

* SSI requires the snorkeling skills to be conducted in Open Water; however, the Instructor may combine these skills with a scuba class
** A copy of the signed Medical Form or an updated medical history/questionnaire must accompany this form.

Note: This Referral Record is good for 6 months from the date of completion of classroom & pool training.