

**JOHN JACK SEAGOING ADVENTURES
DIVER DATA SHEET**

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____

Birth Date: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Certifications

Certifications: _____

Years Diving : _____ Total # Dives: _____ # Last Year : _____ # This Year _____

Deepest Dive : _____

Dive Insurance Co.: _____ Policy Number : _____

Medical Insurance Co.: _____ Policy Number : _____

Any Existing Medical Conditions ? _____

Weight: _____ Height: _____ Organ Donor: _____ Blood Type: _____

Allergies : _____

ANY DIVING RELATED INJURIES IN THE LAST 5 YEARS (use back of form to detail)

In the event of a diving accident, this information will be provided to assisting health care personal other than that, this Information is confidential CAPTAIN RICH BENEVENTO 201-321-6924