



INFORMATIONS PERSONNELLES

Name:
 First Name:
 Address:
 City: Postal code:
 Telephone : (.....).....
 e-mail:
 Birth date: (day/month/year)
 Parental consent: (contact us)
 T-shirt size:

DIVING INFORMATION

Certification number: Certification agency:
 Diver level: Free-diving:
 Quebec certification number: YES n:..... NO
 DAN number: YES n:..... NO
 Dive type: wetsuit Drysuit Open circuit: Rebreather: Free-diving
 Did you ever dive at Mor risson
 Diving will be done in groups according to level. If you are part of a group or have a diving friend that is already registered to the even:
 Free-diving group: YES NO
 Diving friend:
 Diving group:
 Group leader:
 Special medical condition?: NO YES Specify:.....

Risk Acceptance Form signed (on location September 12th, 2016) YES

CARPPOOL INFORMATION

Carpooling with?:
 In need of someone to carpool with: No: Yes: From:.....
 I can bring divers in my car. From

EMERGENCY CONTACT PERSON

Name: First Name:
 Relationship:
 Address:
 City: Postal code:
 Home phone number: (.....).....