SF SCUBA Schools Student Registration Form

Name:		
Date of Birth:		
Address:		
City:	State:	Zip:
Home/Cell Phone Number:		
Email:		
Height:		
Weight:		
Shoe Size:		
Pool Dates:	and:	
Ocean Dates:	and:	
refundable. Refund, Rescheduling, and Cancell • All course fees are non-refun	ation Policy: Idable	ays prior to the start of your class date at no charge.
All reschedule or cancellation requ following rescheduling/cancellatio		4 days of the start of your class will be charged the
 Pool Training Reschedule or 0 Ocean Training Reschedule o Complete Course (Pool and Complete Course) 	or Cancellation: \$200 pe	
	nderstand that attenda	lly and the rescheduling fee must be paid prior to nce and satisfactory completion of all sessions of the ining and certification
In typing my name in the signs outlined policies.	ature box, I submit l	I have read, understand and agree to the above
Student Signature:		Date:
Parent Signature: (If Student is Under 18 Years of Age)		Date: