



Young Environmental Leadership Course General Information

CCMI

Background Information

The Central Caribbean Marine Institute (CCMI) is a leader in undergraduate, graduate, and high school marine science education. It has ten years of experience conducting research at one of the world's most beautiful coral reefs surrounding Little Cayman and the Bloody Bay Marine Park. The Young Environmental Leadership Course (YELC) provides an opportunity for high school students with a passion for the marine industry to attain dive qualifications, develop professional skills and learn about marine conservation from marine scientists. No dive experience is required for this programme as all dive training will be provided. Full scholarships are granted to successful students in year 11 (aged 15 – 18) that intend to enroll at CIFEC. Full scholarship requires students to maintain a very high school attendance and agree to develop skills in a supported internship after the course. This course is much more than just a dive qualification and will develop core skills vital to a future career in the marine sector including dive operations, marine science, marine engineering, eco-tourism and many more.

Our Location

In 2006, CCMI opened The Little Cayman Research Centre to facilitate marine research and education in the Caribbean. The field station, has 4 large dormitory style rooms, serves three full meals each day, and is fully equipped for biological and ecological studies. Little Cayman is consistently ranked as the best diving destination in the Caribbean because of the stunning reef walls, shallow reef structures, and large undersea life, including turtles and the endangered Nassau grouper. The island is home to the endangered West Indian Whistling Duck and an endemic iguana *cyclura nubila caymanensis*. It also boasts the largest western hemisphere breeding colony of Red Footed Boobies

By Applying, Parent and Participant Agree to the following terms:

1. Programme Requirements & Student Expectations

Participants are currently in year 11 attending a Caymanian public school and are intending on enrolling at the Cayman Islands Further Education Centre (CIFEC). Participants agree to maintain very high attendance at school with the agreement that the scholarship may be removed if not maintained. Participants acknowledge activities such as diving, snorkeling and bicycling which involve strenuous physical activity and carry an inherent risk of injury. You accept the risks involved and state that your child is physically fit to engage in these activities. The participant agrees to abide by all CCMI rules and safety restrictions during the programme.

2. SCUBA Diving

All dive training is provided through GoPro diving. The majority of courses will be on a Saturday, although this is subject to change. Students will also be required to complete PADI E-learning modules before the each course begins. Dive checks will also be made by a divemaster before in-water modules begin at the Little Cayman Research Centre. All dive training is provided by GoPro diving at no cost but dive insurance is required through DAN at a cost of \$109.

3. Arrival & Departure

CCMI will book your flights and confirm your flight itinerary.

4. Rules and Conduct

In order to provide a suitable environment for all, participants are expected to: adhere to a "buddy system" when in the water or exploring on land; refrain from the use of tobacco, alcohol or non-prescription drugs; use safety gear and follow all safety instructions from the CCMI staff; and treat each other respectfully. The illegal use of alcohol or drugs will not be tolerated. Apart from breaking the law, such actions constitute a safety risk to the user and those around him/her. Participants who violate these rules or act in an unsafe manner will lose their scholarship and will be asked to leave the course.



5. Medical Information

Parents and participants must ensure that all medical information is provided to CCMI prior to the programme's start date. We will make every effort to accommodate your needs, but we will let you know in advance if this is not possible.

Before dive training commences and medical conditions should be reviewed with a physician.

Any participants who requires treatment at the Island Clinic during the programme must pay for these costs prior to leaving the Island. Your insurance carrier may reimburse you for some/all of these costs; however, please confirm with them prior to your child's arrival. DAN evacuation and treatment for dive-related injuries are fully covered automatically (see 6. Insurance).

6. Insurance

The Divers Alert Network (DAN) provides insurance coverage to SCUBA divers for air evacuation if there is a medical emergency. Information is available online at the following web page: www.diversalertnetwork.org/insurance. Divers must purchase Travellers EMS Prepared Diver insurance a cost of \$109. Further details of purchasing insurance will be given on the orientation date. Little Cayman is a very safe island with no crime. However, CCMI is not responsible for personal property. Items of value are best left at home.

7. Other Expenses

CCMI has some items for sale in our gift shop including Headbands, T-shirts, disposable cameras and the Humann Field Guide books that are recommended for the programme (see FAQs on our website for recommended gear). There are No fees for using equipment such as kayaks, bicycles, SCUBA tanks, air fills, weight belts, etc.

PLEASE PRINT AND COMPLETE ALL FORMS IN THIS PACK, AND RETURN TO:

The teacher who invited you to apply for the YELC or scanned copies can be sent to tsparke@reefresearch.org

Note: Please leave any dive related questions blank until dive training has begun but a parent/guardian signature is required on the forms for applications to be accepted.

KEY DATES (SUBJECT TO CHANGE)

APPLICATION DEADLINE: April 1st

INTERVIEWS: TBD

ORIENTATION DAY: April 18th or 25th (TBD)

DIVE TRAINING BEGINS: May 2nd

DIVE TRAINING THEREAFTER: EVERY SATURDAY

YELC GRAND CAYMAN: JULY 11th – 16th

YELC LITTLE CAYMAN: TBD



Young Environmental Leadership Course Application Form

CCMI

Please fill out the Application Form below.

Young Environmentalist Leadership Course

| | | | | | |
|---|--|-------------------------|------------------------------------|--------------------|--|
| Participants Last Name | | First Name | | Middle Initials | |
| Date of Birth (MM/DD/YY) | | Gender | | | |
| Country of residence/citizenship | | | | | |
| Address | | | | | |
| Phone number <small>Please include area code</small> | | | | | |
| Email Address | | | | | |
| Name of Participants school | | | | | |
| Is Participant SCUBA certified? | | If YES, how many dives? | | Date of last dive? | |
| Dive certification number | | | Dive certification agency, ie PADI | | |
| Does participant have DAN insurance? | | | DAN plan and number | | |

| | | | | | |
|--|--|------------|--|-----------------|--|
| Parent or Guardian's Last Name | | First Name | | Middle Initials | |
| Address – if different from above | | | | | |
| Contact phone numbers <small>Please include area code</small> | | | | | |
| Email Address | | | | | |
| Gender male/female | | | | | |

Please include a reference from a teacher, coach, camp director or similar.

| | |
|-----------------|--|
| Name of Referee | |
| Relationship | |
| Email address | |
| Phone number | |

In your own words (150 maximum) explain why you would like to participate in the course?

Please include on a separate sheet

In your own words (150 maximum) explain what part of the marine industry interests you and why?

Please include on a separate sheet

In your own words (150 maximum) explain what skills you want to learn on this course and how they will help with future employment?

Please include on a separate sheet



Young Environmental Leadership Course Waiver



THIS DEED OF INDEMNITY AND WAIVER (this **"Waiver"**) is made the _____ day of _____ between _____ the parent or legal guardian of _____ (my **"Child"**) of _____ (address) and each of the Little Cayman Research Centre (the **"Research Centre"**), the Central Caribbean Marine Institute (also known as CCMI), incorporated under the laws of the State of New Jersey and recognized as a federal 501c(3) non-profit organization and its affiliates, CCMI, a company limited by guarantee in the United Kingdom, and CCMI, a local company incorporated in the Cayman Islands and registered as a local charity and any of their respective parent companies, subsidiaries and affiliates (together hereinafter called **"CCMI"**).

In consideration of my child _____ (my **"Child"**) being given the opportunity to participate in a CCMI programme (the **"Programme"**) at the Research Centre, I hereby acknowledge, agree and confirm as follows:

I am aware of the skills needed for, and recognize the risks of injury or harm that may occur to my Child as a result of my Child's participation in the Programme. I assume such risks on my own for myself and my Child as a condition of my Child's being permitted to participate in the Programme.

To my knowledge, my Child has no existing medical condition that could worsen or result in further injury (to my Child or to others) as a result of my Child's participation in the Programme. I understand that neither the CCMI, nor the Research Centre nor any of their affiliates nor any of their officers, directors, trustees, agents or employees is responsible for administering any medical care or medication required by my Child whatsoever (**"Medical Treatment"**) during my Child's participation in the Programme. In case of emergency, the Research Centre or any of its officers, directors, trustees, agents or employees is authorized to seek Medical Treatment for my Child, and I accept full financial responsibility for all the costs of such Medical Treatment and any associated costs connected thereto.

In the event that CCMI or the Research Centre or any of their affiliates or any of its officers, directors, trustees, agents or employees deems it necessary at their sole discretion to evacuate my Child from the Research Centre for any reason including (without limitation) in the event of a threat of a hurricane or other act of God or to relocate my Child into an alternative building for example (without limitation) a shelter, I hereby authorize CCMI or the Research Centre or any of their affiliates or any of its officers, directors, trustees, agents or employees to take any and all action that they deem necessary (**"Emergency Action"**) and I accept all financial liabilities related thereto.

For my Child and for myself and for my Child's heirs, successors and assigns, I hereby release and forever discharge CCMI and any of their parent companies, subsidiaries and affiliates, and their respective officers, directors, trustees, shareholders, agents, employees, successors and assigns all in their official or individual capacities (**"Indemnified Persons"**) from any and all actions, costs, suits, demands, claims, damages, losses and liabilities direct or indirect howsoever arising (including without limitation reasonable attorney's fees) of any type or kind whatsoever arising out of or caused (**"Loss"**) by my Child's participation in the Programme any Medical Treatment provided or as a result of any Emergency Action taken or in connection with any damage, loss or theft of any of my Child's personal property, equipment, clothing, or effects.

I hereby agree to indemnify, defend and hold harmless the Indemnified Persons from and against any Loss of any type or kind whatsoever arising out of or caused by my child's participation in the Programme any Medical Treatment provided or as a result of any Emergency Action taken.

I understand and agree that none of the Indemnified Persons may be held liable or responsible in any way for any injury, death, or other damages to me, my Child, my family, or any of their estate, heirs or assigns that may occur as a result of my Child's participation in the Programme or as a result of the negligence of any party, including the Indemnified Persons, whether passive or active. In consideration of being allowed to participate in the Programme, I hereby personally assume all risks of the Programme, whether foreseen or unforeseen, that may befall my Child while my Child is a participant in the Programme, including but not limited to the academics, confined water and/or open water activities including (without limitation) any snorkeling or other swimming activities or the use of public or private transportation. I further release, exempt and hold harmless said course and Indemnified Persons from any claim or lawsuit by me, my Child, my family, or any of their estate, heirs, or assigns, arising out of my Child's enrollment and participation in the Programme. This Waiver may be signed in counterpart, each of which shall be deemed an original, but all of which shall constitute an instrument.

I acknowledge and agree that any Indemnified Person may rely on the terms of this Waiver and take the benefit of any of the terms contained herein. I understand and agree that the Research Centre or CCMI has the discretionary right to terminate my participation in the Programme if they conclude further participation would pose a risk to the safety of myself or others or if they conclude the Participant's behaviour is disruptive to the best interests of the Programme.

Permission is hereby given for the use the Participant's likeness, photographs, statements, video tape, voice, music or articles in the promotion of future Programmes. This Waiver is governed by the laws of the Cayman Islands and the Courts of the Cayman Islands shall have exclusive jurisdiction.

EXECUTED and DELIVERED as a DEED

By

Participant, or Parent or Legal Guardian if Participant is a minor

Witness Signature_____

Print Name_____

Print Name_____

EXECUTED and DELIVERED as a DEED

For and on behalf of **CCMI**

Witness Signature_____

Print Name_____

Print Name_____

Course Date: _____



Young Environmentalists Leadership Course Waiver

CCMI

THIS AGREEMENT (this "Agreement") made the ____ day of _____ between (Participant) _____ of _____ (address)) (hereinafter called the "User") and each of the Little Cayman Research Centre (the "Research Centre"), the Central Caribbean Marine Institute (also known as CCMI), incorporated under the laws of the State of New Jersey and recognized as a federal 501c(3) non-profit organization and its affiliates, CCMI, a company limited by guarantee in the United Kingdom, and CCMI, a local company incorporated in the Cayman Islands and registered as a local charity and any of their respective parent companies, subsidiaries and affiliates (together hereinafter called "CCMI").

I, _____ (Participant), agree, that in order to obtain educational credit or educational and research experience I have determined to participate in the field programme offered by the Research Centre. CCMI neither runs nor has responsibility for operating or overseeing any transportation including airlines or ground transport, or accommodations provided in this programme.

Whereby it is agreed that in consideration of CCMI making available and/or contracting out the services of boats, diving gear, and equipment relating thereto, or belonging to, or in the possession of CCMI, and in reliance upon the statement of the User that he/she is _____ (check) or is not _____ (check) a qualified SCUBA diver with a valid diving certificate issued by _____ (Certifying Agency) _____ (Certification Number) and with _____ (#) years experience, with _____ (#) open water dives, the User hereby for himself, his heirs, his personal representatives and dependents, hereby releases, discharges and agrees to hold harmless CCMI, its successors and assigns and its trustees, directors, officers, employees, representatives, any other participating and/or sponsoring entities and authorized agents (individually or collectively), all in their official or individual capacities from all actions, proceedings, claims and demands that the User, his heirs, personal representatives and dependents may have for injury (including injury resulting in death) however caused or sustained by the User and for the loss of or damage (however caused) to his personal belongings suffered while in the field, in trucks, cars, on boats, or any other vehicle, diving, while using diving gear or other equipment relating thereto belonging to or in the possession of CCMI, including, but not limited to, such injury, loss or damage resulting directly or indirectly from negligence or failure to take reasonable care to see that the User will be reasonably safe, of CCMI, its trustees, directors, officers, employees, representatives or authorized agents, all in their official or individual capacities, from the malfunction of diving gear, snorkel gear, or other equipment, and from operation, use, of loading, unloading or un-seaworthiness of boats or other watercraft owned, maintained, or operated by CCMI or any other agency or vendor.

I, _____, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death. The User confirms that he/she is ultimately responsible for his/her own safety and agrees to obey all the rules and regulations of SCUBA certification. It is clearly the diver's or snorkeler's responsibility to refuse to dive or snorkel if in his/her judgment, conditions are unsafe. I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. I further understand that any open water diving trips which are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither CCMI, its successors and assigns and its trustees, directors, officers, employees, representatives, any other participating and/or sponsoring entities and authorized agents (individually or collectively), all in their official or individual capacities (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in diving or as a result of the negligence of any party, including the Released Parties, whether passive or active. In consideration of being allowed to participate in this programme, I hereby personally assume all risks of this programme, whether foreseen or unforeseen, that may befall me while I am a participant in this programme, including but not limited to the academics, confined water and/or open water activities. I further release, exempt and hold harmless said course and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification.

I also understand that skin diving and scuba diving as well as other activities undertaken during this programme are physically strenuous activities and that I will be exerting myself, and that if I am injured as a result of a heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same. I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

In full awareness of the above and in consideration of my participation of this trip, I agree to indemnify and hold harmless CCMI, its successors and assigns and its trustees, directors, officers, employees, representatives, any other participating and/or sponsoring entities and authorized agents (individually or collectively), all in their official or individual capacities from all actions, proceedings, claims and demands that the User, his heirs, personal representatives and dependents may have for injury (including injury resulting in death) and for the loss of or damage (however caused) to his personal belongings arising in any manner out of my presence or activities while participating in a programme of CCMI. This Agreement may be signed in counterpart, each of which shall be deemed an original, but all of which shall constitute one instrument

I have read, understood and agree to the booking terms and conditions stated on the CCMI's website www.reefresearch.org and having also read and understood the PADI safe diving practices also posted on the CCMI's website I agree to follow those safe diving practices (initial) _____

(User)

EXECUTED and DELIVERED as a DEED

By

Participant, or Parent or Legal Guardian if Participant is a minor

Witness Signature _____

Print Name _____

Print Name _____

EXECUTED and DELIVERED as a DEED

For and on behalf of CCMI

Witness Signature _____

Print Name _____ Print Name _____

If you are SCUBA certified, a copy of your diver certification card must be kept on file with CCMI.



Young Environmentalist Leadership Course

Emergency Information Form & Medical Statement

CCMI

| | | | | | |
|--------------------|--|----------------------------|--|-----------------------------------|--|
| Programme Date | | | | | |
| Participant's Name | | Participants Date of Birth | | Age on 30 th July 2015 | |
| Address | | | | | |
| Phone (home) | | Phone (cell) | | Phone (school) | |

| | | | | | |
|---|--|--------------|--|--------------|--|
| Emergency Contact different from parent or guardian | | | | | |
| Address | | | | | |
| Phone (home) | | Phone (work) | | Phone (cell) | |

| | | | | | |
|----------------------|--|----------------|--|--|--|
| Participants Doctor | | | | | |
| Surgery Address | | | | | |
| Surgery Phone number | | Emergency cell | | | |

Confidential Health Information:

Prescription Medications used regularly (please include all medications)

Medications, food, substances to which you are allergic

Medical Questionnaire

To the Participant

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diving or other aspects of the field experience. A positive response to a question does not necessarily disqualify you from diving or other activities. A positive response means that there is a preexisting condition that may affect your safety and you must seek the advice of your physician prior to engaging in certain activities.

Please answer YES or NO to the following:

| | | | |
|--|--|---|--|
| Are you pregnant or attempting to become pregnant? | | Do you have any form of Diabetes? | |
| Are you presently taking any medications (excepting birth control or anti malarial)? | | Do you have asthma, wheezing whilst breathing or whilst exercising? | |
| Do you smoke a pipe, cigars or cigarettes? | | Do you have frequent or severe attacks of hay fever or allergy reactions? | |
| Do you have a high cholesterol level? | | Do you have frequent colds, sinusitis or bronchitis? | |
| Do you have a family history of heart attacks or strokes? | | Do you have any form of lung disease? | |
| Do you have high blood pressure? | | | |
| Are you currently receiving any medical care? | | | |



Young Environmental Leadership Course



Emergency Information Form & Medical Statement

Medical Questionnaire (continued)

Have you ever had or do currently have – please answer YES or NO:

| | |
|--|--|
| Pneumothorax (collapsed lung)? | |
| Other chest disease or chest surgery? | |
| Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)? | |
| Epilepsy, seizures, convulsions or take medications to prevent these? | |
| Recurring complicated migraine headaches or take medications to prevent them? | |
| Blackouts or fainting (full/partial loss of consciousness)? | |
| Frequent or severe suffering from motion sickness (seasickness or carsickness etc) | |

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Consult the PADI RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician. A copy of that form is attached below. If you answer **YES**, please discuss this form and your condition with your physician.

| | |
|--|--|
| Dysentery or dehydration requiring medical intervention? | |
| Any dive accidents or decompression sickness? | |
| Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 minutes)? | |
| Head injury with loss of consciousness in the past five years? | |
| Recurrent back problems? | |
| Back or spinal surgery? | |
| Diabetes? | |
| Back, arm or leg problems following surgery, injury or fracture? | |
| High blood pressure or take medicine to control blood pressure? | |
| Heart disease? | |
| Heart attack? | |
| Angina, heart surgery or blood vessel surgery? | |
| Sinus surgery? | |
| Ear disease or surgery, hearing loss or problems with balance? | |
| Recurrent ear problems? | |
| Hernia? | |
| Ulcers or ulcer surgery ? | |
| A colostomy or ileostomy? | |
| Recreational drug use or treatment for, or alcoholism in the past five years | |
| Is there any additional information about your medical conditions for which a physician in another country should be made aware? (if yes please provide details on a separate sheet) | |
| Blood Type? | |

Medical Insurance Company and Policy Number which covers you on this trip:

DIVERS (Cayman) - Travellers EMS Prepared Diver Card Number _____

In the event of an emergency and we cannot be reached, I/we give our consent to authorize treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

The information I have provided about my medical history is accurate to the best of my knowledge.

I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature of Participant _____ Date:

Signature of Parent or Guardian _____ Date:

Needed if Participant is below 18 years of age.



Young Environmental Leadership Course PADI Medical Form (divers only)

CCMI



MEDICAL STATEMENT Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by _____ and
Instructor
_____ located in the
Facility
city of _____, state/province of _____.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

- Could you be pregnant, or are you attempting to become pregnant?
- Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

- Asthma, or wheezing with breathing, or wheezing with exercise?
- Frequent or severe attacks of hayfever or allergy?
- Frequent colds, sinusitis or bronchitis?
- Any form of lung disease?
- Pneumothorax (collapsed lung)?
- Other chest disease or chest surgery?
- Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- Epilepsy, seizures, convulsions or take medications to prevent them?
- Recurring complicated migraine headaches or take medications to prevent them?
- Blackouts or fainting (full/partial loss of consciousness)?
- Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- Dysentery or dehydration requiring medical intervention?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- Head injury with loss of consciousness in the past five years?
- Recurrent back problems?
- Back or spinal surgery?
- Diabetes?
- Back, arm or leg problems following surgery, injury or fracture?
- High blood pressure or take medicine to control blood pressure?
- Heart disease?
- Heart attack?
- Angina, heart surgery or blood vessel surgery?
- Sinus surgery?
- Ear disease or surgery, hearing loss or problems with balance?
- Recurrent ear problems?
- Bleeding or other blood disorders?
- Hernia?
- Ulcers or ulcer surgery ?
- A colostomy or ileostomy?
- Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature Date Signature of Parent or Guardian Date



Young Environmental Leadership Course

Standard Safe Diving Practices Statement of Understanding* (for divers only)

CCMI

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled from PADI for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, (Print Participant Name) _____, understand that as a diver
(Print Certifying Company and Certification #) _____ I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognize the desirability of an alternate air source and a low-pressure buoyancy control inflation system.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities.
5. Adhere to the buddy system throughout every dive. Plan dives including communications, procedures for reuniting in case of separation, and emergency procedures with my buddy.
6. Be proficient in dive-table usage. Make all dives no-decompression dives and allow a margin of safety. Have a means to monitor depth and time under water. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 60 feet/18 meters per minute.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while under water. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving.
8. Breathe properly for diving. Never breath hold or skip breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and under water and dive within my limitations.
9. Use a boat, float, or other surface support station whenever feasible.
10. Know and obey local diving laws and regulations, including fish-and-game and dive-flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well being, and that failure to adhere to them can place me in jeopardy when diving

By: _____
(Participant Signature) (Date)

(Parent(s) or Guardian(s) (Print) (Parent(s) or Guardian(s) signature(s))

If Participant is a minor, parent/ legal guardian must also sign. If you are SCUBA certified, a copy of your diver certification card must be sent to be kept on file with CCMI.

Programme Date: _____

* This is the standard PADI guidelines & regulations.