



DISCOVER SCUBA® DIVING PROGRAM REGISTRATION FORM

NOTE: Send a copy of completed form to your PADI Regional Headquarters within 7 days of program completion.

PADI Instructor Statement: I have conducted all phases of the Discover Scuba Diving program (knowledge and safety review, confined water dive), including the optional open water dive if done, for this participant. **NOTE:** If the program for this participant was conducted by more than one PADI Instructor, send in this registration form, but do not complete the instructor information area below.

Dive Center/Resort _____ Dive Center No. S- _____ Location _____ City/State/Country _____

PARTICIPANT INFORMATION (Please Print)	PADI INSTRUCTOR INFORMATION
1. Name _____ <small>First Middle Initial Last</small> Program Date _____ <small>M/D/Y</small> Address _____ Phone (_____) _____ City _____ State _____ Postal/Zip _____ Country _____ Birthdate _____ Email _____ <small>M/D/Y</small>	PADI No. _____ Date _____ <small>M/D/Y</small> Instructor Name (print) _____ <small>First Middle Initial Last</small> Instructor Signature _____
2. Name _____ <small>First Middle Initial Last</small> Program Date _____ <small>M/D/Y</small> Address _____ Phone (_____) _____ City _____ State _____ Postal/Zip _____ Country _____ Birthdate _____ Email _____ <small>M/D/Y</small>	PADI No. _____ Date _____ <small>M/D/Y</small> Instructor Name (print) _____ <small>First Middle Initial Last</small> Instructor Signature _____
3. Name _____ <small>First Middle Initial Last</small> Program Date _____ <small>M/D/Y</small> Address _____ Phone (_____) _____ City _____ State _____ Postal/Zip _____ Country _____ Birthdate _____ Email _____ <small>M/D/Y</small>	PADI No. _____ Date _____ <small>M/D/Y</small> Instructor Name (print) _____ <small>First Middle Initial Last</small> Instructor Signature _____
4. Name _____ <small>First Middle Initial Last</small> Program Date _____ <small>M/D/Y</small> Address _____ Phone (_____) _____ City _____ State _____ Postal/Zip _____ Country _____ Birthdate _____ Email _____ <small>M/D/Y</small>	PADI No. _____ Date _____ <small>M/D/Y</small> Instructor Name (print) _____ <small>First Middle Initial Last</small> Instructor Signature _____
5. Name _____ <small>First Middle Initial Last</small> Program Date _____ <small>M/D/Y</small> Address _____ Phone (_____) _____ City _____ State _____ Postal/Zip _____ Country _____ Birthdate _____ Email _____ <small>M/D/Y</small>	PADI No. _____ Date _____ <small>M/D/Y</small> Instructor Name (print) _____ <small>First Middle Initial Last</small> Instructor Signature _____
6. Name _____ <small>First Middle Initial Last</small> Program Date _____ <small>M/D/Y</small> Address _____ Phone (_____) _____ City _____ State _____ Postal/Zip _____ Country _____ Birthdate _____ Email _____ <small>M/D/Y</small>	PADI No. _____ Date _____ <small>M/D/Y</small> Instructor Name (print) _____ <small>First Middle Initial Last</small> Instructor Signature _____