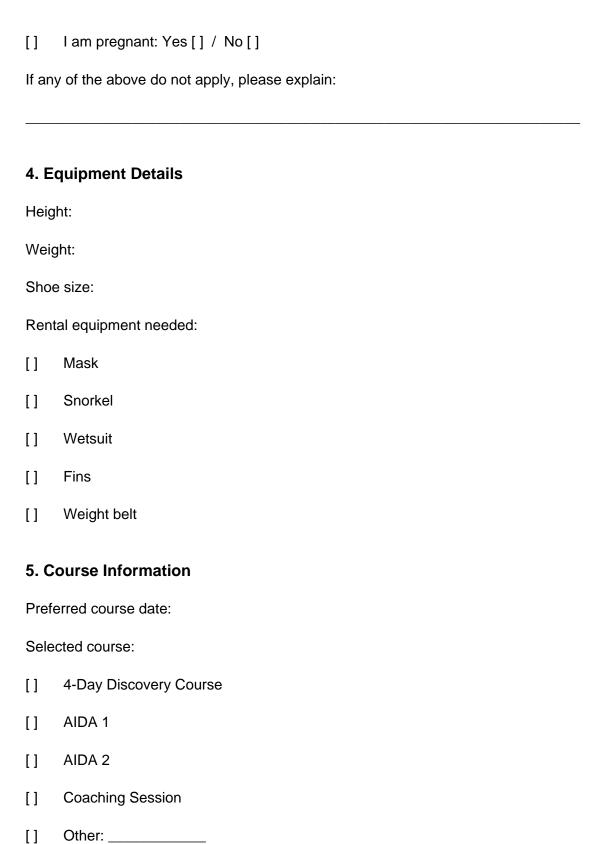
Freediving Registration Form



1. Personal Information

First Name:		
Last Name:		
Date of Birth:		
Nationality:		
Address:		
ZIP / City:		
Email:		
Phone Number:		
Emergency Contact (Name & Phone):		
2. Freediving / Snorkeling Experience		
[] No experience		
[] Snorkeling		
[] Freediving (Level:)		
Previous courses (optional):		
Freediving organization (AIDA / SSI / Molchanovs):		
Deepest dive (optional):		
3. Medical Statement		
[] I have no known cardiovascular, respiratory, or neurological issues.		
[] I am currently free of infections and in good health.		
[] I take no medication affecting my awareness or performance.		
[1] No surgeries or hospital stays in the last 12 months		

Freediving Registration Form





Freediving Registration Form

DEEP LANZA FREEDIVE

6. Declarations

[]	I have read and accept the liability waiver.
[]	I have read the medical statement and understand the risks.

7. Signature

Location, Date:

Signature: