

Introductly diving, snorkeling participation application form

Name	FAMILY NAME /		FIRST NAME /	
Address				Country
Date of birth		Sex	Man / Woman	
Blood type	A · B · O · AB Rh+ Rh-			
Sight	Right	Left	(Naked eye, Glasses, Contacts)	
Body size	Shoe size		Height	
Emergency contact	Name	Relationship	TEL :	

Health check

- Depending on your health condition, you may not be able to participate in the program.
- Please mark the following if you have the following illness or condition.
 - Puncture of tympanic membrane Meniere's disease Otitis media Chronic sinusitis (spores) Arrhythmia Tuberculosis
 - Arthritis Nasal obstruction (nasal polyps, nasal septal curvature) spontaneous pneumothorax pulmonary emphysema
 - Intrinsic bronchial asthma There are cavities filled with fillings in the teeth and unmatched prosthetic teeth
 - Inflammation of the bronchus by smoking Glaucoma Tuberculosis left in the lungs Tuberculosis Valvular disease
 - Coronary artery disease Conjunctivitis Paraplegia Epilepsy Acute respiratory infection (cold, pneumonia, bronchitis)
 - Neurological disease myositis pancreatitis diabetes extreme obesity
 - Cardiomyopathy Hypertension Psychiasis Alcoholism Neuralgia Migraine
 - Spasm seizure / brain wave abnormality after head trauma
 - Rheumatoid arthritis stroke (intracerebral hemorrhage, cerebral infarction, subarachnoid hemorrhage) pregnancy
 - stomach, duodenal ulcer hepatitis Severe motion sickness Poverty such as closed place, high place, open place
 - Thyroid disease (oralgia can not be adjusted) Allergic reactions caused by pollen, food, etc. that limit daily life and exercise
 - When riding on an airplane or crossing a car by car, you can not balance the pressure in your ears and sinuses and feel pain
 - Ascend and descend on the chair 5 times in 5 seconds, measure the pulse and do not return within 45 seconds
 - There are any respiratory or circulatory system abnormalities (exercise restriction by examination) after COVID-19 illness
 - Diseases other than the above

Notes

If the customer's intention or negligence causes the customer not to follow the instructions based on the instructor's safety or take arbitrary actions, the customer will be in danger and lead to an accident. While participating in the program, follow the instructor's safety instructions. Also, if you feel any abnormality during the program, please inform the instructor of your intention to cancel or interrupt participation.

Confirmation at program start

■ if there are symptoms such as lack of sleep, alcoholism, drug use, or poor health, you can not participate in the program.

■ Please answer the following questions with YES or NO.

Sleeping time is enough. . . . I have not taken any medication. . . . I'm not getting drunk. . . .

My health is good. . . . I would like to participate in today's program. . . .

There are no allergic reactions caused by pollinosis or food. . . .

There are no respiratory or circulatory system abnormalities (exercise restriction by examination) after COVID-19 illness. . . .

Privacy policy

Our shop recognizes the importance of your personal information, strives to ensure its protection, observes the laws regarding personal information, and adheres to the following privacy policy to protect information about you.

1. We will not use your personal information for any purpose other than providing training and diving information and issuing a certificate.
2. We will implement appropriate and reasonable security measures against the risk of unauthorized access to customer's personal information and loss, falsification or leakage of personal information.
3. There is no outsourcing of the handling of personal information.
4. The collected personal information may be used for product development and marketing activities, but if you contact us, we will not contact you, send brochures, etc. If you are provided with personal information, we may e-mail or otherwise send you information that you may be interested in. If you do not wish to distribute this information, we will immediately stop distributing the information upon contact.
5. We will not disclose or provide your personal information to third parties without your own consent. However, if required by law, we may disclose and provide personal information without your consent.

I agree to the above and I will sign the following as proof that my declaration is true.

Date

Signature

Parent's signature (for minors)
