

**THE UNIVERSITY OF BRITISH COLUMBIA
Diving Safety Program**

DIVER REGISTRATION FORM

NAME _____ Birth Date ____ / ____ / ____

Department _____ Supervisor _____

Telephone (office) _____ (Lab) _____

Status: Staff / Faculty / Student / Other _____

RESIDENCE

ADDRESS

Postal Code _____ Telephone () _____

() _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address

Day Phone(s) _____ Evening Phone _____

Medical Services Number _____