



Introductly diving, snorkeling participation application form

【保管期間 一年以上】

		Dive time		in	/out
Name	FAMILY NAME/	FIRST NAME/	MIDDLE NAME/		
Snorkeling experiences	times	Introductory diving experiences	times	Program participation date	
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. In addition, customers are required to comply with the following items ① to ⑥ (Okinawa Prefectural Ordinance Enforcement Regulations, Article 25). ① To learn how to use snorkeling and diving equipment correctly. ② Wear a life jacket while snorkeling. ③ Do not snorkeling and diving while overworked, lack of sleep, right after eating, drinking alcohol or taking drugs. ④ Protect the buddy system during snorkeling and diving. ⑤ Do not harm the growth of fish and shellfish during aquaculture or livestock farming. ⑥ Follow the instructions or guidance of the instructor (snorkeling guide). In addition, the equipment that our shop rents to customers is equipment that inspects, cleans, and maintains that there is no trouble or trouble in the equipment according to the rental equipment inspection record book, and is the equipment that has left that record. If you use the equipment, please use according to the instruction of our shop. Damage caused to our customers by customers' misuse, carelessness, non-use purpose, and damage to our shop will be your responsibility. In addition, our shop does not bear any responsibility for those damages.

The name of today's snorkeling guide (instructor)/introductory diving instructor is _____.

Also, the place for today's snorkeling/introductory diving is _____.

If you have any questions, please do not hesitate to contact your snorkeling guide (instructor)/introductory diving instructor or our shop.

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.
 - Is Sleeping time enough? Have you taken any medication? Are you getting drunk?
 - Is your health good? Would you like to participate in today's program?
 - Are there any allergic reactions caused by pollinosis or food?
 - Are there any respiratory or circulatory system abnormalities (exercise restriction by examination) after COVID-19 illness?
 - I would like to participate in today's program.

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 on the day of participation in the program.

Date

Signature

Parent's signature (for minors)
