

INSTRUCTOR REGISTRATION FORM

Personal Information

First Name	Date of Birth (DD/MM/YYYY)
Last Name	Nationality
Email	Mobile Nr

Address

Street	Postal Code
City	Country

Diving Details

Other certification level(s)	Medical Insurance <input type="checkbox"/>
Nr of logged dives	Company
Date of last dive (MM/YY)	Insurance Nr
Deepest dive in meters	

I confirm I have undertaken FULL TRAINING for IDREO / DEF instructor type(s) Nr(s).

with the following instruction limitations

Max Depth in meters :	OC Decompression :
Allowed Gas Mixes :	RB Decompression :
Allowed Gas switches :	Overhead penetration :
Planned Decompression :	DPV Diving :

EXTRA LIMITATIONS :

If I exceed these limitations, I do so knowingly surpassing my training level and on my own judgement. My Instructor his/her family, sponsors, providers and everybody else related to him/her can not be held responsible for me operating beyond these limitations. I understand this violation will resume in discontinuing further training with IDREO / DEF and therefore I will resign to all my certifications.

Signature :

Date :

Location :

Conditions and warranties

In none of the courses taught by IDREO / DEF, paying for the training means buying the certification. Our aim is to create highly skilled, thinking divers, therefore the certification needs to be earned. Every tuition includes a second re-evaluation within one year. 50% deposit payment requested upon booking. Full payments due on the first day of the training/diving package.

Please fill in this questionnaire and provide a copy for your institution's records