



ADVANCED SCUBA CERTIFICATION CLASS INFORMATION



Thank you for your interest in learning and practicing Advanced SCUBA Diving!
Please read all information thoroughly prior to registration.

Course Prerequisites and Requirements: For everyone's safety please ensure you are able to meet all requirements prior to registration:

- At least **18 years old** (or 16-17 y/o currently registered UCSB Student)
- Read, Speak, and Understand **fluent English**
- Able to Provide a **Valid Open Water SCUBA Certification** from a Recognized Agency
- **100% Attendance** to all lectures, pool training, ocean dives
- Able to pay for all **Additional Fees and Expenses** (see below)

Equipment: You will need to provide **ALL SCUBA** equipment for this course beginning the first meeting at the classroom/ pool. As a currently certified Open Water Diver, you should already own a number of items, but may need to rent/purchase some additional items:

- Personal SCUBA Quality Custom Fit Gear
 - **Mask, Fins, Snorkel, Booties, Gloves, Logbook.**
- Basic SCUBA Unit
 - **Buoyancy Compensator Device (BCD), Regulators with Gauges, Tank (Two for Beach Dives), Weights, 7mm Wetsuit, Hood.**
- Extra Required Gear
 - **Dive Computer, Dive Light, Chem Glow Stick**

Fees and Additional Expenses: Please budget for ALL fees prior to registration. Fees will vary, but an estimate will include:

- Course Registration Fee **\$495/\$585** (UCSB Students/ All Others) includes:
 - In-person instruction and online eLearning
 - Student materials (textbook, dive tables, digital certification card, etc.)
 - Boat dive to the beautiful Channel Island National Park
 - Air Fills for Boat Dives Included
 - Breakfast, Lunch and Snacks Included (Vegetarian and Vegan Options Available)
- Rental Equipment as Needed **~\$100+ per Day**
 - Must Show a Certification Card at Dive Center
 - Only You Can Pick Up Gear. A Friend May NOT Rent/ Pick up for You.
 - Get Sized Before Class and Make Reservation **EARLY** to Confirm Availability
- Day use parking fee for beach dive, extra air fill on boat, boat crew tip: **\$20-30+**
- Any Required Gear that you Don't Already Own ie. Dive Computer, Light, etc.: **\$???**

Where/ When to meet: UCSB Rec Cen Classroom; location and time on your registration receipt.

What to bring: The first meeting will be a classroom session AND pool SCUBA skills. You will need something to write with, something to write on, swimsuit/ wetsuit (no more than 4/3mm recommended), ALL SCUBA GEAR, towel, and ID. **You must bring an ID.** You will not be allowed entrance into the Rec Cen without it.

Topics & Skills: Whether you just completed your Open Water SCUBA course or you have 100 dives in your logbook, this class provides an exciting next step in your diving education. The course will strengthen your skills and open up new diving possibilities through the 6 supervised specialty dives. After the first session, the fun levels up with supervised specialty dives in the ocean, 3 from the beach and 3 from the boat at the fabulous Channel Islands. Ocean dives normally include a Deep Dive, Underwater Navigation Dive, Night Dive, and other Specialty Dives! Completion of all dives is required to become certified. Please keep your weekends available directly after the first class session in case of schedule changes.

Schedule: Sometimes our boat and beach dive dates change due to weather, conditions, availability, and other reasons outside of our control. Thank you for your flexibility. **100% attendance is required** in order to become certified. If you cannot make the schedule for any reason, it is your responsibility to discuss options with the instructor. Additional fees may be charged for missed dives. If you need additional training it is your responsibility to make arrangements with your instructor. Options may include a “referral” which can be taken to any other SCUBA instructor willing to continue with your training at additional expense.

Certification: Upon satisfactory completion of the course, participants will receive an internationally recognized **NAUI Advanced Open Water SCUBA certification**. This means students must demonstrate to the instructor that they are competent divers and complete 100% of the in-person and online instruction. PADI has done a very good job marketing and convincing divers that theirs is the best and only certification that may be used internationally. NAUI, SSI, and others are also internationally recognized, equivalent to PADI, and in some cases even better. Feel free to discuss with your instructor if concerned.

Refund Policy: Once an offering is **full**, you will be offered a refund per the schedule below **only** if someone **pays** for your spot. If the offering is **NOT** full:

- **30 or more days** before the course date- Full refund (-\$20 processing fee).
- **29 to 8 days** before the course date- 50% refund (-\$20 processing fee).
- **Fewer than 8 days** before the course date- no refunds available.

Local Dive Shops:

Goleta Area

Santa Barbara Aquatics

5822 Hollister Ave.

805-967-4456

santabarbaraquatics.com

Santa Barbara Area

Dive Santa Barbara*

Santa Barbara Landing

(805) 963-3564

DiveSantaBarbara.com

*50% off Rental with Qualifying Gear Purchase

We look forward to diving with you!



Advanced SCUBA Pre-Registration Understanding **(Participant Copy)**

Breathing underwater is something humans were not meant to do! It is, however, extremely exhilarating and rewarding. It is also extremely high risk, expensive, and is NOT for everyone based on a number of factors. **BEFORE you register, you MUST fully agree** to the following:

- ☐ I have read and understand the “**Advanced Open Water SCUBA Certification Class Information.**”
- ☐ I am a **Certified Open Water Diver** and will provide card (digital ok) **first night**.
- ☐ I **speak, read, and understand English fluently**.
- ☐ I understand that **100% attendance is required** to become certified.
- ☐ I understand that if I don't bring my **PHOTO ID** to get into the Rec Cen I will not be allowed in and will violate the **100% attendance policy** resulting in **NO CERTIFICATION!**
- ☐ I understand that SCUBA is **very expensive** and I will need to provide **ALL SCUBA GEAR** beginning the first meeting.
- ☐ For my safety and the safety of other divers, I will be completely honest on the “**Diver Medical | Participant Questionnaire.**”
- ☐ I understand the **refund policy**.

I UNDERSTAND and AGREE to ALL of the above

Printed Name_____

Signature_____ Date_____

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Advanced SCUBA Pre-Registration Understanding **(Office Copy)**

Breathing underwater is something humans were not meant to do! It is, however, extremely exhilarating and rewarding. It is also extremely high risk, expensive, and is NOT for everyone based on a number of factors. **BEFORE you register, you MUST fully agree** to the following:

- ☐ I have read and understand the “**Advanced Open Water SCUBA Certification Class Information.**”
- ☐ I am a **Certified Open Water Diver** and will provide card (digital ok) **first night**.
- ☐ I **speak, read, and understand English fluently**.
- ☐ I understand that **100% attendance is required** to become certified.
- ☐ I understand that if I don't bring my **PHOTO ID** to get into the Rec Cen I will not be allowed in and will violate the **100% attendance policy** resulting in **NO CERTIFICATION!**
- ☐ I understand that SCUBA is **very expensive** and I will need to provide **ALL SCUBA GEAR** beginning the first meeting.
- ☐ For my safety and the safety of other divers, I will be completely honest on the “**Diver Medical | Participant Questionnaire.**”
- ☐ I understand the **refund policy**.

I UNDERSTAND and AGREE to ALL of the above

Printed Name_____

Signature_____ Date_____

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Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>