

Registration for Swiss Cave Diving Training "Cave Diving 2015"



I register **definitively** for the following course(s):

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> 021 (diving only CD2)
(F) 30.05.-05.06.2015 | <input type="checkbox"/> 022 (diving only CD2)
(F) 06.06.-12.06.2015 | <input type="checkbox"/> 201 (course CD1/2)
(F) 30.05.-05.06.2015 | <input type="checkbox"/> 100 (course CD1 CH)
(CH) yet to be defined |
| <input type="checkbox"/> 031 (diving only CD3)
(F) 30.05.-05.06.2015 | <input type="checkbox"/> 032 (diving only CD3)
(F) 06.06.-12.06.2015 | <input type="checkbox"/> 202 (course CD1/2)
(F) 06.06.-12.06.2015 | <input type="checkbox"/> 302 (course CD3)
(F) 06.06.-12.06.2015 |

name	first name:
prof.:	date of birth:
street:	zip code / loc.:
phone:	fax:
mobile:	e-mail:

Diving background

diving experience in years

most recent cave diving certificate (level/date)

most recent open water diving certificate (level/date)

num. of dives overall of which in cave

num. of dives within past 12 months prior to course **(min. 30)** in cave

num. of dives within past 4 months prior to course **(min. 10)** in cave

num. of dives at 30m (CD2) , 40m (CD3) during past 4 months **(min. 5)** in cave

other Specialty Certificates / date

Attention: for Nitrox use + course CD2: Nitrox Diver mandatory

O2-deco+course CD3: Adv. Nitrox Diver mandatory

Remarks: (companion(s), other requests etc.)
.....
.....

Date: **Signature:**

- Checklist for additional documentation to be attached:**
- | | | |
|--|--------------------------|---|
| Copy medical diving fitness attest <= 1year | <input type="checkbox"/> | everyone ! |
| Waiver, carefully read, understood and signed | <input type="checkbox"/> | everyone ! |
| Copy most recent cave diving certificate (CD1/2/3) | <input type="checkbox"/> | only first time participants with Swiss Cave Diving |
| Copy most recent OW diving certificate (diver **/**) | <input type="checkbox"/> | only first time participants with Swiss Cave Diving |
| Copy personal equipment list | <input type="checkbox"/> | first time participants + course CD1/2/3 |
| Copy (Advanced) Nitrox Diver specialty certificate | <input type="checkbox"/> | all who use Nitrox + courses CD2 / CD3 |

* **The forwarded documents "Höhlentauchen 2014" and "Einsatz von O2, Nitrox, Trimix, Rebreather, Stage Tanks u. Scootern während Cave Diving Seminaren" are integral parts of the registration and contain all necessary detail information.**

* Please send registration to:
Beat Müller, Grossmattstr. 8, CH-8964 Rudolfstetten
Fax: +41 / (0)56 / 631 25 26 **eMail: trudy.mueller@bluewin.ch**

* **Deadlines:** **31.01.2015 for training/certification courses #100, #201, #202, #302**
 31.03.2015 for all other courses

* Registrations will be accepted on a "first come - first served" basis but only if sent **completely**, with all requested additional documents.

* Registered participants will receive asap a confirmation with instructions for payment.