



# STUDENT REGISTRATION FORM FORM 5.1

STUDENTS FULL NAME AND SURNAME AS IT NEED TO APPEAR ON THE C - CARD	STUDENTS P.O. Box MAIL ADDRESS:	SEX	AGE	ID NUMBER:	CMAS-ISA CERT. No:	ORDER No:
1).						
2).						
3).						
4).						
5).						
6).						
7).						
8).						
9).						
10).						
<b>INSTRUCTORS NAME:</b>	<b>CMAS-ISA INSTRUCTORS No:</b>					
<b>COURSE LOCATION:</b>	<b>TRAINING FACILITY / CLUB:</b>					
<b>ORDER NUMBER:</b>					<b>ASSISTED BY:</b>	<b>NUMBER:</b>
<b>COURSE START DATE:</b>	<b>COURSE END DATE:</b>					
<b>CHECK BOX TO INDICATE COURSE:</b>	<b>TICK AND SPECIFY TYPE OF COURSE</b>					
<b>SHIP TO: {NAME}</b>	<b>SPORT DIVING COURSES:</b>					
<b>POSTAL ADDRESS:</b>	<input type="checkbox"/> ONE STAR <input type="checkbox"/> TWO STAR <input type="checkbox"/> THREE STAR					
<b>POSTAL CODE:</b>	<input type="checkbox"/> SPECIALITY COURSES: _____					
<b>SHIPPING METHOD:</b>	<input type="checkbox"/> TECHNICAL DIVING COURSES: _____					
POST: <input type="checkbox"/> SPEED POST: <input type="checkbox"/>	<input type="checkbox"/> LEADERSHIP COURSES: _____					
COURIER: <input type="checkbox"/> EXPRESS POST: <input type="checkbox"/>						
IF SELECTION IS THE COURIER SERVICE PLEASE SUPPLY DELIVERY ADDRESS: _____						
					<b>INSTRUCTORS SIGNATURE:</b> _____	
					<b>DATE SUBMITTED:</b> _____	

I CERTIFY THAT THE STUDENTS LISTED ABOVE HAVE COMPLETED THE TRAINING COURSE AS INDICATED, AND HAVE REACHED THE PROFICIENCY LEVEL AS REQUIRED BY CMAS-ISA STANDARDS. CERTIFICATION IS ISSUED BY ME AND THE INSTRUCTION WAS CARRIED OUT BY THE INSTRUCTORS LISTED.