

CoCo View Resort
Guest Registration Card

Please Print Legibly

Personal Information

Name _____ Birthdate ____/____/____

Address _____

City _____ State _____ Zip _____

Phone _____ Work/Mobile Phone _____

E-Mail _____

Occupation _____

Passport # _____ Issuing Country _____

Arrival Date _____ Departure Date _____

Previous # of times at CCV _____ Dive Shop _____

Group Name _____ Group Leader _____

Are you a Dive Shop or Travel Agency Owner Yes _____ No _____

If Yes, Name of Dive Shop or Agency _____

Address of above business _____

City _____ State _____ Zip _____

Website _____ E-Mail _____

Diver Information

Certification Agency _____ Number _____

Year Certified _____ Certification Level _____

Number of logged dives _____ Date & Location of last dive _____

Are you DAN insured Yes _____ No _____ DAN # _____

Any other scuba insurance _____

Emergency Notification

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____ Work/Mobile Phone _____

E-Mail _____

Any other method of contact _____

WAIVER AND RELEASE OF LIABILITY

I hereby swear and affirm that the above information is true and complete. I fully understand the risks and dangers involved in scuba diving and hereby assume all responsibility for my safety. It is my intent to completely release and to save and hold harmless, CoCo View Resort, their staff and agents, from any responsibility for my safety or my actions while using their equipment, while on their boats or participating in their sponsored activities. I have personally inspected the equipment and have determined it to be in good working condition.

Signature _____ Date _____

Witness _____ Date _____