

Course	Instructor	Month	Year	A = CAVERN H = INTRO K = CAVE J = APPRENTICE S = STAGE T = SIDEMOUNT F = SURVEYOR E = DPV R = CARTOGRAPHY X = EXTENDED G = OTHER	1. PRINT clearly and use a blue/black ballpoint pen only. 2. White copy is to be sent to NSS-CDS Card Processing unless process on-line. 3. Pink copy is issued to student along with temporary card. 4. Yellow copy is for Instructor records.
TRAINING LOCATION					
DATE RECEIVED AT HQ.		INSTRUCTOR USE ONLY			

CAVE DIVING SECTION of the NATIONAL SPELEOLOGICAL SOCIETY, INC.
2109 W US Hwy 90, Suite 170-317, Lake City, FL 32055

NSS-CDS TRAINING COURSE REGISTRATION

Name: _____ Birth date: (mm/dd/yy) ____/____/____
first middle last

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Sex: M () F () Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-mail: _____

My highest level of openwater training is: _____ Agency: _____ Date: _____

Prior overhead environment training (if any) is: _____ Agency: _____ Date: _____

CDS Member : (yes or no) _____ NSS Member Number: _____ If not a member, would you like to join: YES () or NO () If YES:
Please ask your Instructor for NSS-CDS membership forms. The NSS-CDS membership form and dues can be processed along with this training form.

EMERGENCY CONTACT INFORMATION

In the event that I am unable to respond with contact information, please contact the following person or persons on my behalf.

NAME: _____ PHONE #: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME: _____ PHONE #: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DOCTOR NAME: _____ PHONE #: _____ STATE: _____

MEDICAL INSURANCE CO. _____ POLICY # _____

DIVER INSURANCE: NO, YES, if yes: CO. name: _____ POLICY # _____

Where are you staying during your training: _____ Room # _____ Phone # _____

MEDICAL HISTORY STATEMENT: I understand that cavern and cave diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ear and sinus, are essential prerequisites for my safety and well-being. I hereby confirm that to the best of my knowledge my circulatory and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek unconditional approval for diving from a licensed physician if I am uncertain as to my physical fitness for the rigors of cavern or cave diving.

I have completed the waiver and the medical forms supplied to me by the Instructor. I further understand completion of course and skill performance is determined solely by the Instructor's evaluation of a student's ability, comfort and attitude. Payment of course fees does not guarantee receipt a Training Completion Card.

Signature of Student	Signature of Witness	Date
Signature of Parent or Guardian (when applicable)	Witness Name (print)	() Phone
Signature of Parent or Guardian (when applicable)	Witness Address (print)	City State Zip

Instructor Signature: _____ # _____ Date: _____
Name: _____

Instructor Signature: _____ # _____ Date: _____
Name: _____