



DIVER REGISTRATION / HISTORY FORM

Rongelap Tourism Co Inc. DBA Rongelap Expeditions

Expedition No: _____

Name _____ Birth Date _____

Diver History

Number of dives completed:

Total: _____ Last 12 months: _____ Night dives: _____ Deepest depth: _____

Emergency Evacuation Details:

Company: _____ ID No: _____ Phone: _____

Safe Diving Procedures and Authorisation

These safe diving procedures will maximise your diving safety

1. Each diver must check and assemble their own equipment and ascertain that it is in good operating condition.
2. Novice divers must undertake a safety orientation dive.
3. Plan and conduct each dive to be shallower than the previous dive.
4. Plan each dive to be no decompression dives with a margin of safety within the limits of recognised dive table or computer.
5. Limit your dive depth to your level of training and experience. We recommend less than 30m (100 ft) especially on repetitive dives and a maximum depth of 40m (132 ft).
6. Drink plenty of water before and after each dive to avoid dehydration, and reduce the risk of decompression illness.
7. Refrain from drinking alcohol until after your last dive of the day, and then only in moderation so as to ensure safe diving on the next day. Do not take any illegal drugs.
8. Be a SAFE diver – Slowly Ascend From Every dive. Ascend at a rate not more than 10m (30 ft) per minute.
9. Make a safety stop at the end of every dive at 5m (15 ft) for 3 min.
10. Maintain proper buoyancy throughout the entire dive, pay attention to the control of your BCD during ascent.
11. If you are feeling unwell after a dive, or at any time, lie down, and advise a member of your crew.
12. Multiple dives over multiple days can have an accumulative effect in contributing to decompression illness. As the expedition progresses make fewer dives and reduce bottom times and increase safety stop times.
13. I understand that diving is potentially dangerous. I fully accept that risk and agree to pay any medical, vessel relocation or air evacuation costs incurred on my behalf and you are authorised to make medical and transport arrangement as may be determined to be necessary or desirable in my best interests.

I confirm that my dive history is correct and I agree to comply with the Safe Diving Procedures detailed above.

Name: _____ Signature: _____ Date: _____
Crew Witness _____ Certification sighted: YES / NO

If no certification details are available – fill out the following details (name as it appears on the card)

Lost Certification Details:

Date certified: _____ Dive School: _____ Agency: _____
Birth Date: _____ Instructor: _____