



National Association of Underwater Instructors  
 9030 Camden Field Pkwy, Riverview, FL 33578  
 Ph (800) 553-NAUI (6284); (813) 628-6284  
 FAX (813) 628-8253

# STUDENT REGISTRATION FORM

**Check Applicable Course. Please print or type and use a separate form for each certification level.**

- Skin Diver
  - Junior Scuba Diver
  - Scuba Diver
  - Jr Advanced Scuba Diver
  - Advanced Scuba Diver
  - Rescue Scuba Diver
  - Master Scuba Diver
  - EANx Diver
  - EANx Recognition
  - Jr. Specialty Course (type: \_\_\_\_\_)
  - Specialty Course (type: \_\_\_\_\_)
  - Recognition Program (type: \_\_\_\_\_)
  - Technical\* (type: \_\_\_\_\_)
  - Other \_\_\_\_\_
- \*See Standards and Policies Manual for correct course names.  
 To order Limited Edition certification cards use the  
 "Student Registration Form for Limited Edition Cards."*

## NAUI First Aid Registration Options

**Please Note: Student information will be printed on the reverse side of these cards.**

- NAUI First Aid (File Only- No Card)
- NAUI First Aid (For Divers and Non-Divers)  
 Select completed portions of the course to be listed on card:
  - First Aid
  - CPR
  - Emergency O2
  - AED
  - Blood-borne Pathogens
  - Aquatic Life Injuries First Aid
- NAUI First Aid for Dive Professionals (Complete courses only)



First Aid (for Divers and Non-Divers)



First Aid for Dive Professionals

*Carefully Print Name As It Is To Appear On Card (23 Characters/Spaces Max.)	*Mailing Address	*Telephone Number and Email (Including Country/Area/City codes)	*Gender M/F	*Birthdate MM/DD/YY
1.		Tel: Email:		
2.		Tel: Email:		
3.		Tel: Email:		
4.		Tel: Email:		
5.		Tel: Email:		
6.		Tel: Email:		

<b>*Indicates required student information.</b>		<b>Assisted by: (Name and NAUI #)</b>	
Instructor Name	Instr. #	<b>Complete and include a NAUI order form with registration(s). Shipping Information:</b>	
Course Location	CAP #		
Class Start Date    month/day/year	Class Closing Date    month/day/year	Name	
Facility (23 Characters/Spaces Max.) to be typed onto card		Address	
I certify that the students listed above have completed the NAUI training course indicated and will have reached the proficiency level required by the NAUI Standards and Policies before their NAUI Certification is issued by me. In addition, I agree to void and return all cards not issued.		City	
		County	
		State	Postal Code/Zip
Instructor Signature on Each Form Sent (Not valid without signature)		Date Signed	Phone Number