



First Name

Last Name

By placing my name here, I agree to be responsible for the content of this page.

Your SSI Training Center will record your training progress. Upon successful completion of your SSI program, you will be issued an SSI certification that is internationally recognized and available anywhere with internet access.

Your SSI Training Forms will be maintained at your registered SSI Training Center. If you change your SSI Training Center, then you will need to complete a new set of Training Forms.

## Scuba, Extended Range, and Freediving Student Registration Form

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Date of Birth (DD/MM/YY)
<input type="text"/>		
Mailing Address		
<input type="text"/>	<input type="text"/>	
Email Address	Phone	

## Emergency Contact

<input type="text"/>	<input type="text"/>
Name	Relationship
<input type="text"/>	<input type="text"/>
Cell Phone	Email Address

## Training Forms to be Completed

### Student Registration

Student profile in MySSI created:  Yes  No

Student Master ID (MID) : \_\_\_\_\_

Digital Kit(s) Issued:  Yes  No

### Diver Medical Statement & Questionnaire

Valid for 1 year. The addition of the Physician's Approval Form is required if a "YES" is answered to any condition on the Diver Medical Questionnaire. If a student becomes ill or injured or has a significant medical condition change within 12 months that would conflict with their current Medical Participant Questionnaire, they must complete a new form before continuing with any SSI training. (There are individual Diver Medical Statement & Questionnaire forms for Scuba and Freediving.)

### Assumption of Risk/Liability Release

Valid for 1 year. The addition of the Youth Addendum Form is also required for all students under the age of 18 years old and it must be signed by a parent/guardian. (There are individual Assumption of Risk/Liability Releases for Scuba, Freediving, and XR Extended Range.)

### Responsible Diver Code

Permanently valid. Needs to be completed for each course/training program and signed by the student and instructor(s). (There are individual Responsible Diver Codes for Scuba, Freediving, and XR Extended Range.)

### Course Completion Form

Needs to be completed for each course/training program and signed by the student and instructor(s).

Download the free MySSI App, available for iOS or Android! Download the free MySSI App, available for iOS or Android! SSI designed the MySSI App to be that "All-In-One Tool" for your diving experiences and to give you access to your Digital Learning Materials, Digital Logbook and Digital Certification Cards, all in the palm of your hand. There are a variety of features like news, local events, training dates, fun 360° videos and even dive tables and hand signals to review before your next dive.



[my.divessi.com](https://my.divessi.com)



MySSI App: iOS



MySSI App: Android



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## SSI Freediving Responsible Diver Code

Freediving/Breath-Hold Diving - any diving activity where the participant holds their breath, including dry land breath-holds, surface breath-holds, and/or in-water breath holds, which may include the use of equipment like mask, fins, or snorkels, as well as specialized freediving/breath-hold equipment like monofins and nose-plugs to achieve longer breath-holds durations, deeper depths and longer distances.

Freediving is an adventure activity that requires the use of specialized equipment and professional training to explore the underwater environment without the use of life-support equipment. As with other adventure activities, freediving has elements of risk that cannot be totally eliminated regardless of the amount of training, care, caution, or expertise. SSI believes these risks may be reduced through the SSI Diver Diamond - development of proper Knowledge, Skills, Equipment and Experience. Ultimately it is up to each individual diver to assume the inherent risk associated with freediving, and it is each diver's responsibility to minimize the risk through exercising good judgment, common sense, respect, and personal awareness during all diving activities. SSI has developed a Freediving Responsible Diver Code to remind freedivers of your responsibilities for each freedive.

As a Responsible Freediver - I pledge to:

1. **DIVE COMPETENTLY** - Always dive within my training, certification, experience, comfort, and ability.
2. **MAINTAIN APPROPRIATE DIVER HEALTH** - Including appropriate fitness, physical health, and mental awareness to freedive. If I experience any signs or symptoms of hypoxia, or discomfort/pain when equalizing my air spaces while freediving, I will not dive for the remainder of the day and until the condition is fully resolved.
3. **UTILIZE A DIVE PLAN** - Plan my freedives and dive my plan for each freedive. Listen to and follow dive briefings.
4. **BE A RESPONSIBLE FREEDIVING PARTNER** - Remain with my freediving partner from the start to finish of our freediving activities, and maintain the "one up - one down" philosophy. Know our plan to take action if we become separated while freediving.
5. **INSPECT MY FREEDIVING EQUIPMENT** - Before each freediving excursion, I will inspect my equipment and make sure everything is working properly. I will establish proper weighting and know how to quick-release my weights. If using a lanyard, I will know how to release the lanyard and I will test the quick-release function before I enter the water.
6. **FREEDIVER AWARENESS** - I will monitor my depth and perform descents without pushing my equalization limitations. When conducting target depth freedives, I will use a fixed dive line with the target depth clearly marked. I will always monitor my freediving partner when it's their turn to dive.
7. **MAINTAIN PROFICIENT FREEDIVING SKILLS** - I understand freediving skills and knowledge are perishable. If it has been more than six months since my last freedive, I understand the importance of assessing my skills with my freediving partner or participate in an update with a freediving instructor if I am not confident in my abilities.
8. **RESPECT THE ENVIRONMENT** - Be aware of currents, waves, visibility, temperature, weather, boat traffic, slippery, uneven and unstable surfaces, overhead environments, entanglements, and hazardous marine life. I understand boats are unsteady surfaces and will always use one hand to stabilize myself. I understand boat traffic can be particularly dangerous to freedivers and it is my obligation to take every precaution to avoid being hit by a boat. I understand the importance of participating in an orientation freediving session with a local professional when freediving in unfamiliar environments. I will obey all diving and applicable regulations, statutes and codes.
9. **PLAN FOR EMERGENCIES** - In addition to inspecting my equipment, I will verify my freediving partner's equipment is functioning properly and configured appropriately, and that I know how to remove their weights and lanyard in case of an emergency. I will know freediving hand signals and how to alert others in case of an emergency. I will have an emergency action plan in case my freediving partner or I have an emergency.
10. **ACCEPT RESPONSIBILITY** - I am ultimately responsible for my safety during all freediving activities. Failure to comply with these responsibilities will increase my risk of serious injury or death. Accidents can happen, even when all safety guidelines are followed, therefore I should obtain personal freediving accident insurance.

I understand the importance of being a responsible freediver and I pledge to abide by the SSI Freediving Responsible Diver Code. I understand failure to abide by the SSI Freediving Responsible Diver Code will jeopardize my safety and well-being.

Participant's Name (Print)	Participant's Signature	Date (DD/MM/YY)
Print Name of Parent/Guardian (When Applicable)	Signature of Parent/Guardian (When Applicable)	Date (DD/MM/YY)



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**Participant Name**

(Print)

**Birthdate**

Date (DD/MM/YY)

## Freediver Medical | Participant Questionnaire

Recreational freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while freediving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Freediver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your freediving fitness not represented on this form, consult with your physician before freediving. If you are feeling ill, avoid freediving. If you think you may have a contagious disease, protect yourself and others by not participating in freediving training and/or freediving activities. This form is principally designed as an initial medical screen for new freedivers, but is also appropriate for freedivers taking continuing education. For your safety, and that of others who may freedive with you, answer all questions honestly.

### Directions

**Complete this questionnaire as a prerequisite to an SSI recreational freediving program.**

**Note to women:** If you are pregnant, or attempting to become pregnant, do not freedive.

<b>1</b>	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes Go to box A	No
<b>2</b>	I have a personal or family history of respiratory or cardiac disease.	Yes Go to box B	No
<b>3</b>	I struggle to perform moderate exercise (for example, walk 1.6 kilometers/one mile in 14 minutes or swim 100 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes *	No
<b>4</b>	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes Go to box C	No
<b>5</b>	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes *	No
<b>6</b>	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes Go to box D	No
<b>7</b>	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes Go to box E	No
<b>8</b>	I have had back problems, hernia, ulcers, or diabetes.	Yes Go to box F	No
<b>9</b>	I have had stomach or intestine problems, including recent diarrhea.	Yes Go to box G	No
<b>10</b>	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes *	No

### Participant Signature

**If you answered NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

**Participant Statement:** I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)	Date (DD/MM/YY)
Participant Name (Print)	Date of Birth (DD/MM/YY)
Instructor Name (Print)	Facility Name (Print)

**\* If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.



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**Participant Name**

(Print)

**Birthdate**

Date (DD/MM/YY)

## Freediver Medical | Participant Questionnaire (Continued)

### BOX A – I have/have had:

Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes *	No
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes *	No
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes *	No
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes *	No
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes *	No

### BOX B – I have/have a family history of:

Smoking or tobacco use.	Yes *	No
High cholesterol levels.	Yes *	No
High blood pressure.	Yes *	No
A close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes *	No

### BOX C – I have/have had:

Sinus surgery within the last 6 months.	Yes *	No
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes *	No
Recurrent sinusitis within the past 12 months.	Yes *	No
Eye surgery within the past 3 months.	Yes *	No

### BOX D – I have/have had:

Head injury with loss of consciousness within the past 5 years.	Yes *	No
Persistent neurologic injury or disease.	Yes *	No
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes *	No
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes *	No
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes *	No

### BOX E – I have/have had:

Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes *	No
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes *	No
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes *	No
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes *	No

### BOX F – I have/have had:

Recurrent back problems in the last 6 months that limit my everyday activity.	Yes *	No
Back or spinal surgery within the last 12 months.	Yes *	No
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes *	No
An uncorrected hernia that limits my physical abilities.	Yes *	No
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes *	No

### BOX G – I have had:

Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes *	No
Dehydration requiring medical intervention within the last 7 days.	Yes *	No
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes *	No
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes *	No
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes *	No
Bariatric surgery within the last 12 months.	Yes *	No

\*Physician's medical evaluation required (see page 1).



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**Participant Name**

(Print)

**Birthdate**

Date (DD/MM/YY)

## Freediver Medical | Medical Examiner's Evaluation Form

The above-named person requests your opinion of his/her medical suitability to participate in recreational freediving training or activities. Please visit [uhms.org](http://uhms.org) for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

### Evaluation Result

- Approved – I find no conditions that I consider incompatible with recreational freediving.
- Not approved – I find conditions that I consider incompatible with recreational freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (DD/MM/YY)

**Medical Examiner's Name**

(Print)

**Clinical Degrees/Credentials**

**Clinic/Hospital**

**Address**

**Phone**

**Email**

### Physician/Clinic Stamp (optional)



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## SSI Freediving/Breath-Hold - Assumption of Risk, Liability Release & Hold Harmless Agreement

**(Form not to be used within the European Union and various other countries depending on local laws/regulations - The Training Center and the Professionals are responsible to know and adhere to laws/local regulations) This is a legal contract terminating your rights to file a lawsuit. Read carefully before signing. Warning – Freediving/Breath-Hold Diving (Freediving) involves swimming underwater while holding your breath, which is inherently dangerous and may cause serious injury, illness or death.**

In consideration of being allowed to participate in Freediving training, I, \_\_\_\_\_ (print name of student) expressly agree to be bound by this Agreement and comply with the SSI Freediving Responsible Diver Code. I understand this Agreement is between me, my family, estate, heirs or anyone who may have a claim on my behalf; and \_\_\_\_\_ (print name of training center), including all instructors, facilities, boats, and training sites I receive training with or at; Scuba Schools International ("SSI"); their respective owners, officers, employees, representatives, volunteers, agents, contractors and any others on their behalves, whether specifically named or not (herein referred to as "Released Parties").

I voluntarily assume all risks of injury, illness and death, caused by Freediving and all related activities, whether foreseeable or not, including but not limited to risks associated with: swimming, entering and exiting the water, falling on, struck by or abandoned by a boat, separation or lost underwater, holding my breath, becoming unconscious, pre-existing health conditions, heart failure, over-exertion, panic, drowning, pressure related injuries, decompression illness, environmental and marine life injuries, unknown causes, equipment malfunctions, improper dive planning, or improper action of other divers or support personnel (including failure to rescue, recover, resuscitate, or provide emergency assistance).

I agree to waive, release, not sue, discharge, save, indemnify, and hold harmless the Released Parties of all claims, demands, causes of action, lawsuits and damages by me, my estate, family (including my minor children), heirs, or others who may have a claim for my injury, illness or death as a result of any act or failure to act, including negligence by the Released Parties, associated with my Freediving training and all related activities. I agree that it is my responsibility to inform my family and all those who may have legal rights on my behalf that I have entered into this Agreement and it is my intent that they be bound by this Agreement. I agree that me or my estate shall be fully liable (pay for) for the cost to the Released Parties for any claim brought on my behalf arising as a consequence of my participation in Freediving and all related activities.

I have carefully read, understand and agree to comply with the SSI Freediving Responsible Diver Code during all diving activities. I understand and agree that I am responsible for my own safety and well-being during all dive training and related activities. I am responsible for being physically, medically and mentally fit to participate in Freediving. I affirm that all personal information I have provided on medical questionnaires is truthful and accurate to the best of my knowledge, and I will not hold others responsible or liable for any injury, illness or death caused by my failure to disclose a known medical condition. I am responsible for my own equipment configuration, assembly, and pre-dive inspection to verify it is appropriate and functioning properly. I am responsible for planning and performing all my dive activities, including anticipating potential emergencies. I will not hold anyone, including the Released Parties, responsible for failure to protect my well-being, ensure my proper use of equipment, or conduct my dive activities competently. I will not dive in conditions or at times that are not within my abilities and comfort level. If conditions become dangerous or I do not feel well or I become injured, I will immediately notify the dive leader and take action to correct the situation. I understand dive activities are conducted at sites that are remote, in time and distance, from medical care or a recompression chamber. I understand dive training does not guarantee my safety and that accidents happen even when proper procedures are followed. I understand the importance of, and my responsibility to have, personal insurance that specifically covers dive-related emergencies, emergency transportation, and medical treatments.

I understand and agree that SSI licenses training centers, professionals and their affiliates to use various SSI trademarks and to conduct SSI approved training, but they are not agents, employees or franchisees of SSI, its parent, subsidiary, or affiliated corporations. I further understand that SSI training centers, SSI professionals, and their affiliates' businesses are independent, and are neither owned, operated, or controlled by SSI, and that while SSI establishes standards and materials for SSI training, it is not responsible for, nor does it have the right to control, the operation of the business activities or the day-to-day training and/or supervision of divers by SSI training centers, SSI professionals, their affiliated businesses, and/or their associated staff. I further understand and agree on behalf of myself, that in the event of injury, illness or death during dive activities, I shall not hold SSI liable for the actions, inactions or negligence of the SSI training center, SSI professionals and other affiliated businesses or personnel associated with my dive activities.

I have read this Agreement and the SSI Freediving Responsible Diver Code. I expressly understand my responsibilities and that I am giving up legal rights by signing this Agreement. I understand this is a legal contract and I am voluntarily signing it without duress or further inducement. I understand this is an unconditional and complete release of all liability to the greatest extent allowed by law. If any portion of this Agreement is found to be legally unenforceable or invalid, that portion shall be severed, and the remainder shall have full force and effect. I agree to be bound by this Agreement without modification of the preprinted text. The terms of this Agreement shall continue in effect for all dives and related activities for a period of one year from the date I signed this agreement. I am over 18 years of age and legally competent to engage in this Agreement, or I have acquired the written consent of my parent or guardian by completing a Youth Addendum form.

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date (DD/MM/YY)

\_\_\_\_\_  
Print Name of Parent/Guardian (When Applicable)

\_\_\_\_\_  
Signature of Parent/Guardian (When Applicable)

\_\_\_\_\_  
Date (DD/MM/YY)



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## YOUTH ADDENDUM – INCORPORATED AS AN ADDENDUM TO THE ASSUMPTION OF RISK, LIABILITY RELEASE & HOLD HARMLESS AGREEMENT

**(Form not to be used within the European Union and various other countries depending on local laws/regulations - The SSI Training Center and its SSI Professionals are responsible for knowing and adhering to laws/local regulations).**

### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM AND THE ASSUMPTION OF RISK, LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT.

THIS YOUTH ADDENDUM TO THE ASSUMPTION OF RISK, LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE.

Participant's Name (Print)	Participant's Signature	Date (DD/MM/YY)
Print Name of Parent/Guardian	Signature of Parent/Guardian	Date (DD/MM/YY)



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# Freediver Completion Record

This record is applicable for the following programs:

- Pool Freediver
- Freediver

## Skill Evaluations

### Dry Land

- Equipment Assembly and Adjustment
- Equipment Care | Freediving

### Breathing

- Breathe-Up
- Recovery Breathing
- Breath-Hold Attempts

### Pool/Confined Water

- Surfacing
- Static Apnea Attempt
- Dynamic Start and Setting Neutral Buoyancy
- Dynamic Body Position and Streamlining
- Bi-Fin Kick
- Dynamic Turns
- Cramp Removal
- Dynamic Apnea Attempt
- Arms-Only Dynamic
- Loss of Motor Control Rescue
- Dynamic Blackout Rescue
- Surface Buoyancy | Optional
- Equalization | Optional
- Duck Dive | Optional

### Open Water

- Surface Buoyancy
- Equalization
- Duck Dive
- Constant Weight Body Position and Streamlining
- Bi-Fin Kick
- Dive Line Turn
- Constant Weight Attempt
- Arms-Only Ascent
- No-Mask Ascent
- Deepwater Blackout Rescue

### Performance Requirement

- Dynamic Apnea Attempt | 30 meters
- Arms-Only Dynamic | 15 meters
- Constant Weight Attempt | 10 meters
- Arms-Only Ascent | 10 meters
- No-Mask Ascent | 10 meters
- Deepwater Blackout Rescue | 10 meters

## Final Exam

Printed Version

The exam results have been reviewed with the instructor and all questions initially answered incorrectly are now fully understood by the student.

Online Version

By signing this form, the student acknowledges that they completed the exam independently without academic assistance from another person and agree that the exam is an assessment of their knowledge and understanding of the content of this SSI program, and a passing score is required to receive certification.

### Academic Sessions Completed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Initials	Date (DD/MM/YY)	Instructor Initials	SSI Pro Number

### Breathing Session Completed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Initials	Date (DD/MM/YY)	Instructor Initials	SSI Pro Number

### Pool/Confined Water Session 1 Completed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Initials	Date (DD/MM/YY)	Instructor Initials	SSI Pro Number

### Pool/Confined Water Session 2 Completed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Initials	Date (DD/MM/YY)	Instructor Initials	SSI Pro Number

### Open Water Training Session 1 Completed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Initials	Date (DD/MM/YY)	Instructor Initials	SSI Pro Number

### Open Water Training Session 2 Completed

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Initials	Date (DD/MM/YY)	Instructor Initials	SSI Pro Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Initials	Date (DD/MM/YY)	Instructor Initials	SSI Pro Number

Student has successfully completed all Academic Sessions, all Skill Evaluations, and has passed the Final Exam. Student has met all requirements for certification in this SSI program. Student reaffirms that they will comply with the SSI Responsible Diver Code for all dives.

### Certification Level

Pool Freediver  Freediver

<input type="text"/>	<input type="text"/>
Student Signature	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>
Signature of Parent/Guardian (When Applicable)	Date (DD/MM/YY)

<input type="text"/>	<input type="text"/>
Instructor Name (PRINTED)	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>
Instructor Signature	SSI Pro Number



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