



WILDERNESS EXPERIENCES UNLIMITED

SCUBA PROGRAM REGISTRATION

Students Name: _____ Age: _____

Address: _____

Email Address (required): _____

Contact phone: _____

Emergency contact (different than above): _____

Medical considerations, allergies, additional info: _____

PLEASE INDICATE WHAT YOU ARE SIGNING UP FOR

Discover Scuba Date: _____

Certification Course Dates: _____

Private / Semi-Private Scuba Certification: _____

Scuba Refresher: _____

Teen SCUBA Club: _____

Signature: _____

By signing you are recognizing all WEU course and cancellation policies (listed on website). *Pool certification class must be completed within 6 months of purchase. Course credits/refunds will not be issued for changes in scheduling, not passing skills or missing classes due to illness. Checks made out to W.E.U.

Payment in full enclosed: _____ Check Number: _____

WEU
PO BOX 265
SOUTHWICK, MA 01077

Upon certification course receipt of registration we will promptly send you a welcome packet of more course information, along with your online education kit so you can get started!