

# DAN Registration Form

(Registration Form, Statement of Understanding, Exam Answer Sheet and Practical Evaluation Record to be retained by the Instructor for 7 years)

Course Location \_\_\_\_\_ Date \_\_\_\_\_

DAN Instructor \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ DAN Member # \_\_\_\_\_

Address \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

## STATEMENT OF UNDERSTANDING

(Agreement Between DAN Instructor and Student)

**Student  
Initials**

\_\_\_\_\_ I am participating in the Divers Alert Network (DAN) training program Diving First Aid for Professional Divers (DFA Pro). Successful completion of this course prepares me to assess an individual's condition and collect information useful to a physician.

\_\_\_\_\_ I further understand that it is my responsibility to maintain current knowledge and skills sufficient to provide first aid for professional divers.

\_\_\_\_\_ I further understand that it is required that I refresh my DFA Pro training every two years, as indicated on the DAN DFA Pro course completion card.

\_\_\_\_\_ I further understand that emergency situations can be dangerous and that exposure to blood and bodily fluids can lead to potential illness. I understand that I can minimize the risk of disease transmission by using appropriate barrier devices and hereby agree to do so.

\_\_\_\_\_ In consideration of mutually beneficial and valuable covenants and services exchanged herein, the undersigned hereby waives any and all claims against his or her DAN Instructor as well as Divers Alert Network, whether grounded in personal injury, wrongful death, or damage to property arising from the teaching of this course by the undersigned DAN Instructor, and further agrees to indemnify the DAN Instructor and/or DAN from any claims arising or caused by the undersigned's failure to follow said instruction or breach of any of the above items.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

DAN Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required if student is under 18 years of age.)

*Important:* This form is to be completed and signed by the student and returned to the DAN Instructor prior to completion of the DAN DFA Pro course and certification. A copy of this document can be obtained from your DAN Instructor and is paraphrased on your provider card.