**City of Riggins, Idaho**

**Salmon River Dive & Rescue**

APPLICATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dive Team Application**

Last Name First Name Middle

Sex Height Weight

Address (Street Number, City, State, Zip)

Home Number Cell Number E-mail Address

**In Case of an Emergency, Who Can We Contact?**

Name Relationship

Address (Street Number, City, State, Zip)

Home Number Work Number Cell Number

**Diving History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rating** | **Level** | **Organization** | **Date of Certification** |
| **CPR** |  |  |  |
| **First Aid** |  |  |  |
| **Open Water** |  |  |  |
| **Advanced** |  |  |  |
| **Rescue** |  |  |  |
| **Divemaster** |  |  |  |
| **Assistant Inst.** |  |  |  |
| **Instructor** |  |  |  |

**Approximate Number of Dives in Each Area:**

**Pool Salt Water Fresh Water Lake Ocean/Bay**