



**Ocean** *extreme*  
Dive & Travel Center, Inc.

Course: \_\_\_\_\_

## Student Profile Form

First Name: \_\_\_\_\_ Last name: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referred By: \_\_\_\_\_

Date of Birth:

Circle one: Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Day: \_\_\_\_\_ Year: \_\_\_\_\_

Sizing Information: Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_