Florida Sea Base
Scuba Programs
Crew Leaders Guide

Congratulations! You are bringing a crew to the Florida Sea Base to participate in a Scuba Adventure. Your group will have the opportunity to enjoy the beautiful reefs, underwater sights and abundant marine life that the Florida Keys has to offer. For many of your crew this will be the adventure of a life time. They will retain the memories for many years to come, as we hope you do as well. This should be an exciting experience for the Crew Leader and not a stress filled quest before you arrive. Using this guide will help you to plan your adventure, minimize the self-imposed stress of being a crew leader and use resources available to you to keep your crew well informed about their trip. It will also give you some hints, tips and suggestions that may help this experience be easier for everyone. With that being said, lets (excuse the pun) dive right in!

Joe Angelo
Program Director-Scuba

“A week of camp life is worth six months of theoretical teaching in the meeting room.”
– Robert Baden-Powell

This information is not a replacement for the Florida Sea Base Participant Guide booklet. This is intended is intended as supplemental information to assist Crew Leader. Please have all of your participants and parents review the Guide Book. It may be found on the Florida Sea Base website under the Resources Page.

February 2019 v1.4
Look kids, we hit the lottery!

Our troop has registered to participate in a Sea Base Scuba Program. My bags are already packed with my favorite Luau shirt, my mask is on, and the sunscreen has been applied. We are ready! Hold on and get a grip, there are a few steps you want to take before you get on the airplane.

One of the first things is understanding which adventure you are participating in and what is required for each program. Upon registering you will be assigned a Florida Sea Base crew number. This is your number that signifies several items about your adventure. Here is an example.

**SA 071019 A**

The first two letters refer to the type of scuba program you crew will be participating in. **SA** signifies Scuba Adventure, **SC** signifies Scuba Certification, **SL** signifies Scuba Live Aboard and **XS** indicates a St. Croix Scuba Adventure.

The next six numbers refer to your arrival date. The above number is **071019**. This would signify July 10, 2019.

The last letter refers to your crew designation. Single letters indicate a single crew. If you have additional letters (ie. BC or DEF) would signify a double or triple crew.

Please include your Sea Base crew number on all correspondence. This will ensure that any documentation you send will be filed in the correct location.

<table>
<thead>
<tr>
<th>We cannot stress enough the importance that all participants and parents read the following information regarding Florida Sea Base Scuba Programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Guide</td>
</tr>
<tr>
<td>Power Point presentation for their adventure</td>
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<tr>
<td><a href="http://www.bsaseabase.org/Adventures.aspx">http://www.bsaseabase.org/Adventures.aspx</a></td>
</tr>
<tr>
<td>Power Point “How to complete the Scuba Medicals”</td>
</tr>
</tbody>
</table>

**Payments Dates**

**OK, step one complete, check that box?** Great, now you have a crew number and you know what it means. Where do we go from here? Dates will start looking important from this point so let’s understand these important dates. Once your troop has been selected by the lottery process you are required to make a deposit of $100 per person attending the program. After the deposit the following dates are an important part of our payment schedule.

- **Spring Crews:** ½ payment by September 1st
- **Summer Crews:** ½ payment by October 1st
- **Winter Crews:** ½ payment by October 1st

Final payments are due 90 days prior to arrival.
Crew

**Hard part (money) is out of the way, what’s next?** Determining who in your crew qualifies to attend the adventure may be one of the most difficult responsibilities of a Crew Leader. Determining who wants to go and who can go are two very different things. Once you have determined who wants to go and who can commit to go, you will have to determine who does and does not qualify. We have prepared a Power Point presentation for each Scuba Adventure Program. This may be a good time to get everyone together and review the presentation with all those interested in attending the Florida Sea Base. Doing so will help participants and parents understand the program and see if it is a good fit for them. The following list are the basic requirements needed to participate in a Scuba Adventure.

**Age:** All participants must be at least 13 years of age prior to the start date of their adventure.

**Swimming Ability:** All participants must complete a BSA Swim Test in a strong manner prior to their arrival. All participants are required to complete a swim review upon arrival at Florida Sea Base. Yes, even if you are a certified scuba diver you must complete the BSA Swim Test prior to arrival. Sea Base will conduct a swim review, but it is not the test.

**Scuba Certification:** All participants, except those participating in the Scuba Certification Adventure, must be scuba certified prior to arrival. More information on this is in the *Scuba Certification Section* of this guide. The Boy Scouts of America and Florida Sea Base only accept certification for scuba agencies that are a part of the RSTC which include (but not limited to) SDI/ TDI, IANTD, PADI, PDIC, SSI, YMCA, RAID, SNSI, NASE and NAUI. Sea Base is unable to complete training dives for scuba certification unless you are a part of the Scuba Certification Adventure. If you are not sure if your certification agency is a member of the RSTC follow this link to their website: [https://wrstc.com/](https://wrstc.com/)

**Annual Health and Medical Records:** Please refer to the *Health and Medical Information Section* of this guide for a detailed explanation.

**Maximum Weight:** Sea Base participants need to meet the BSA Height and Weight Guidelines found on the BSA AHMR Part C. Exceptions may be made for individuals who do not exceed the BSA H&W Guidelines by more than 20lbs. To receive an exception, the participant must provide a letter from their physician (MD or DO only) stating that they are in good health and are approved for participation even though they exceed the weight limit. **Individuals not meeting these requirements and/or exceeding the weight limit will not be able to participate in their adventure and will be sent home at their own expense.** The maximum weight for participation, regardless of the 20lb exception, is 295lbs.
Adult Leadership

Adult leader vs. Participant ratios: Each crew of 8 (12 for Scuba Live Aboard) must have at least 2 adult leaders. You are more than welcome to have additional adult leaders, but you must have more youths than adults, or equal numbers of youth and adults. You may not have more adults than youths. There must be at least one adult over 21 years of age and another over 18 years of age. Venture Crews must have 2 adults over 21 years of age.

Male vs. Female leaders: If your crew has female participants you must have at least one female leader over the age of 21. You are welcome to have one female leader if you have no female participants. If you have all male participants, you must have at least one male adult leader over the age of 21.

Adult Leader Training: Every adult participant must be registered with the BSA and complete the following:

- Boy Scout or Venturing Youth Protection Training
- BSA Safe Swim Defense
- BSA Weather Hazards
- BSA Safety Afloat

Wilderness First Aid and CPR: In addition to the above training at least one adult from each crew is required to have Wilderness First Aid and CPR or a higher professional certification such as Paramedic, EMT, nurse or physician. If you have multiple crews, you must have an additional adult certified in Wilderness First Aid and CPR for each crew.

“The most important object in Boy Scout training is to educate, not instruct.” Baden-Powell

Youth Leadership

The Youth Crew Leader must be a seasoned and responsible youth elected by the entire crew.

This is an excellent opportunity to begin to train your youth leaders by giving them responsibilities. Review the items that need to be taken care of before the adventure and assign some to the youth leader. Start to build leadership before the adventure takes place. However, be careful what you will have them do, and do not allow them to handle sensitive documents such as medicals.

“An invaluable step in character training is to put responsibility on the individual.” Baden-Powell

Sea Base Procedures

Health and Medical Information

All participants must complete a BSA Annual Health and Medical Record signed by a physician. In addition, participants in all scuba programs are required to complete and have a RSTC/PADI Medical Statement
signed by a physician clearing the participant for scuba diving activities. Use the most current form available, old forms will not be accepted. Visit the Florida Sea Base website for the most up to date form.

As the crew leader please review all instructions for completing the documents (and common mistakes made on the documents) with your participants and parents before submitting any forms. Doing so will save them, and you, time.

All scuba crew will use the Sea Base on-line medical processing system for their medical documents.

Here’s how it works:

Your Log-in Credentials

Your first name
Your last name
Your email address that was used to register your crew

You will use the following link and above email address to create your profile (Note: your log in will not work if you use a different email address). Once you have logged in, you will have the option to edit your personal information, edit your crew information, begin your own medical and/or invite your participants to complete their medicals.

The instructions below will detail the steps needed to complete the medical submission process. The process is comprised of two sections: “Health Form” and “Scuba Participant Uploads.”

The “Health Form” section is a series of questions collected electronically. These questions come from the BSA Medical Parts A & B and the PADI Medical Statement. This section should be completed by each individual (if over 18), parent or guardian. It should take approximately 15-30 minutes for each medical that needs to be submitted. Participants, parents or guardians should be prepared to enter information regarding prescription medications, allergies, immunizations and physician’s contact information. No physician signature is required for this first section of medical questions. Once the “Health Form” section for each participant has been completed, your unit will have completed the requirements for this first step. In order to prevent processing delays, please be sure to adhere to the deadlines for your adventure.

- For Spring crews this is due no later than January 1st
- For Summer crews this is due no later than January 1st
- For Winter crews this is due no later than October 1st

The “Scuba Participant Uploads” section is where participants will upload the completed scuba specific documents and medical forms for each participant attending the adventure. This will include the BSA Medical Part C and PADI Medical Statement among other documents. While your unit is more than welcome to finish this section at any time, the “Scuba Participant Uploads” section must be completed no less than 30 days prior to the start of the adventure.

As mentioned above, each individual or parent will be responsible for completing their “Health Form” and “Scuba Participant Uploads.” We understand that you will most likely want to track the progress of your crew’s documents. You, as the Primary Adult Registrant, will have access to monitor the status of each crew members’ documents. Once you have invited your crew members to begin their medicals,
their names and document status will appear on your “Group Roster” page.

Here’s the link to get started:

Below you will find the link to the Medical Submission Site. Please use this link along with the following directions to navigate through the site and begin your medical submission process.

**Sea Base Medical Submission Site**

**Instructions to Complete the Online Medical** *(For Crew Leaders)*

*Please follow these instructions exactly as written. Omitting or “winging it” will not make the system work.*

**To log in:**

1. Once you select the above link, you will be directed to a log in page
2. Select “Forgot your password?”
3. Enter your first name, last name and email address as listed above in this email and follow the prompts on the screen to create a password
4. Once you have created a password, log in with your email address and new password. Click “Sign In”

**NOTE:** Using a different email will not allow you to log in. If you need to change your email, you may do so after your initial log in.

**To update your information:**

1. Once you have logged in, under “My Account Dashboard” click “My Profile”
2. Next, select “Update My Info” to edit/update your personal information
3. Once you have updated your personal information, select “Update” at the bottom of the screen to save any changes

**To update your crew information:**

1. Once you have logged in, under “My Account Dashboard” click “My Profile”
2. Next, under “My Crew” select your crew to edit/update your crew information
3. Once you have updated your crew information, select “Update” at the bottom of the screen to save any changes

**To invite your crew members to begin their medicals:**

1. Under “My Account Dashboard” select “View Medicals”
2. Select “Manage Roster”
3. This will take you to the “Group Roster” page
4. On the right side of the screen, under “Actions,” you will see the option to “Invite” participants to complete their medical. **Do not** use the “Detail” link
5. Select “Invite,”
6. Next, select “Send Request Code.”
7. Complete the information on the screen and then click “Send Request.” This will invite the participant to begin their medical
   - **NOTE:** If you are sending an invite to a participant under the age of 18, you will need to use a parent or guardian’s email address
   - Once you have invited your crew members to complete their medicals, their name and document status will appear on your “Group Roster” page
8. Repeat step 4 until you have invited your entire crew
9. Once your crew member has accepted the invitation and followed the prompts on their “Attendee Request Code” email, they will be directed to the online medical

**NOTE:** If you or a family member are attending Sea Base, you will still need to invite yourself or family member.

To complete a medical questionnaire if you or a family member are attending Sea Base:

1. After you have invited yourself or a family member to attend Sea Base, you will receive an email with your unique request code
2. Use the account you have already created to log in
3. Select “Enter a Request Code” under the “My Account Dashboard” page
4. Enter the request code for the participant whose medical you wish to complete. Select “Continue”
5. You will be asked to confirm the information of the participant that has been invited. If this information is correct, select “Continue”
6. Select the participant whose medical you wish to complete from the drop-down bar. If necessary, select “Add a New Individual” and follow the prompts on the screen. Select “Continue”
7. You will be prompted to complete the medical questionnaire.
8. If you are ready and prepared to complete the medical questionnaire, please do so at this time.
9. If you are not ready to complete the medical questionnaire, you may navigate back to your “Account Dashboard” by selecting “My Account” and log out.
10. To complete the medical questionnaire after you have logged out of your account
    1. Log back into your account
    2. Select “View Medicals”
    3. Select the name of the participant whose medical you wish to complete
    4. Select “Health Form” to complete the medical questionnaire

**NOTE:** This is the first step to completing your online medical.

- **For Spring crews this is due no later than January 1st**
- **For Summer crews this is due no later than January 1st**
- **For Winter crews this is due no later than October 1st**

To print the participant medical form once it’s complete (if you would like to keep this for your records):
1. Once you have logged in, under “My Account Dashboard” select “View Medicals.”
2. Click on the name of the participant.
3. Select “Health Form.”
4. Under “Medical History” select “Download Health Form.”
5. Once you have downloaded your health form, you will have the option to open it and print the form. You may use this for your records or take it to your Physician to complete the BSA Medical Part C and the PADI Medical Form page 2 if needed.

**NOTE:** You will still need to bring a paper copy of all medical documents with you for travel purposes.

**To manage your “Scuba Participant Uploads:”**

1. Once you have logged in, under “My Account Dashboard” select “View Medicals.”
2. Click on the name of the participant whose uploads you wish to manage
3. Click “Scuba Participant Uploads.”
4. Upload the corresponding document to the correct section.
5. All “Scuba Participant Uploads” are due no less than 30 days prior to your adventure.

**NOTE:** This page will not show as complete and will not let you progress until all forms have been uploaded. However, it will save the documents that have been uploaded regardless of completion status.

**Instructions for Parents or other participants completing medicals are in two locations:**

1. PowerPoint Presentation “How to complete the Scuba Medicals”
2. Instructions are provided in the email that accompanies the Request Code

If you have any questions or concerns throughout this process, please send a message to SeaBase.Medicals@Scouting.org.

**Common mistakes to be aware of on forms:**

**BSA Annual Health and Medical Record Part C issues:**

- Medical restrictions not marked “Yes” or “No”
- Allergies or Reactions section not marked “Yes” or “No”
- Height, Weight, BMI, Blood Pressure and Pulse section not completed. ALL sections must be completed.
- All questions under the Examiner’s Certification must be answered “YES” or “NO”. The physician must review the supplemental risk advisory for high adventure and indicate such.
- Not signed and/or dated by a physician.
- Your exam is valid through the end of the month, one year from when it was given. For example; if your exam was done on June 2, 2019 it is valid through June 30, 2020.
*Please make sure the parents and the physician have had the opportunity to read the “High-Adventure Risk Advisory to Health-Care Providers and Parents” before signing the Part C document.

*Any items on the BSA Part C that are not completed will cause the document to be returned for completion by the physician.

RSTC/PADI Medical Statement page 1:

- Please complete all lines with a “Yes” or “No”. Do not use a “Y”, “N” or “N/A” to complete the form. Also do not mark the top line with a “Yes” or “No” then draw a line through all the following lines. Mark all lines individually.

RSTC/PADI Medical Statement page 2:

- Must be signed by a physician (MD or DO) for the Scuba Certification Adventure. For Scuba Adventure and Scuba Liveaboard any medical professional may sign the form.
- The form must be signed by a physician or medical professional even if all the answers on the first page or “NO”.
- Physicians cannot add restrictions for diving to the form. Their approval must be an unconditional Yes or it will be determined to be a No.

Medical Issues that may disqualify an individual from scuba diving.

In addition to this booklet all of the following information is listed on the Florida Sea Base website, the BSA “High-Adventure Risk Advisory to Health-Care Providers and Parents” as part of the BSA Medical Release document and the Florida National High Adventure Sea Base Scuba Participant Guide. Please be aware that not every medical condition disqualifying an individual from scuba diving is listed. This is meant to be a guide for the more common medical conditions and not an absolute list. If you have a medical condition that may be of concern, please contact the Scuba Department at Florida Sea Base for guidance.

Scuba Participants are held to a high medical standard due to the inherent risks associated with Scuba Diving. Individuals seeking to participate in Scuba programs must meet Sea Base Eligibility Requirements, Scuba BSA requirements, Sea Base Risk Advisories and be approved by their physician. We follow BSA requirements for medical clearance for all scuba participants. No physician, not even our Medical Director, is authorized to waive or alter BSA rules. Final decisions for clearance on all other medical question’s rests with the Sea Base Medical Director.

To limit risk and possibility of harm Sea Base requires:

- That prospective participants who are prescribed medication, for any purpose, should continue to use as prescribed while at Sea Base. Participants should not discontinue use of medication prior to arriving or while at Sea Base unless directed by his/her treating physician.

Diabetes and Scuba Diving:
• **Persons with diabetes who are 18 years of age or older** who wish to scuba dive should be assessed by a physician familiar with both hyperbaric issues related to diabetes and medications used for the control and treatment of diabetes.

• **Persons 18 years old or older** who are determined to be candidates for scuba diving must submit four hemoglobin A1c (HbA1c) tests, each with HbA1c values less than 7, taken within the previous 12 months. Any test within the past 12 months with an HbA1c value greater than 7 disqualifies a person from scuba diving as part of a BSA activity.

• **Persons younger than 18 years of age with Type 1 diabetes will not be allowed to scuba dive.**

• **Persons under the age of 18 who control their diabetes** with exercise and diet (no medications) and can provide three sequential hemoglobin tests with HbA1c values less than 6 may be approved to scuba dive.

• Those who use insulin to control diabetes will not be qualified to scuba dive.

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*****Diabetes Information***

Participants that are insulin dependent, youth or adult, will not be cleared to scuba dive. Those that are currently scuba certified or have a physician’s approval for scuba diving will not be cleared to scuba dive at Florida Sea Base. Participants younger than 18 years of age with Type 1 diabetes will not be cleared to scuba dive. There are no exceptions, exclusions or waivers to this policy.

Any seizure activity within the past five years, regardless of control and/or medication, disqualifies an individual from participation in any scuba program. A person with a history of seizure activity who has been asymptomatic AND medication-free for five years, as evidenced by a physician, will be allowed to dive.

**Asthma and Scuba Diving:** Persons being treated for asthma (including reactive airway disease) are disqualified from BSA scuba programs.

• Persons with a history of asthma who have been asymptomatic and have not used medications to control asthma for five years or more may be allowed to scuba dive as part of a BSA activity upon submission of evidence from their treating physician.

• Persons with a history of asthma who have been asymptomatic and have not used medication to control asthma for fewer than five years may be allowed to scuba dive as part of a BSA activity upon submission of a methacholine challenge test showing the asthma to be resolved to the satisfaction of the Sea Base Medical Director.

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*****Asthma Information***

Participants, youth or adult, with asthma will not be cleared to scuba dive. The predisposing factors, severity of attacks or intermitted asthma does not change this BSA policy. Those that are currently scuba certified or have a physician’s approval for scuba diving will not be cleared to scuba dive at Florida Sea Base. There are no exceptions, exclusions or waivers to this policy.

**Maximum Weight:** No Sea Base participant, youth or adult, may weigh over 295 pounds, and all must meet the BSA Height/Weight requirements on BSA Part C. Individuals exceeding the weight limit will vacate their adventure and be sent home at their own expense. There are **NO EXCEPTIONS TO THE MAXIMUM WEIGHT LIMIT.**
**Hypertensive**: Blood pressure greater than 140/90 should be treated and lower blood pressure to 140/90 prior to arrival at Sea Base. If medications are taken they must be continued while at Sea Base as prescribed.

**Medications**: Prospective participants taking any medications for ADD, ADHD, anxiety, depression or any medications that may be contraindicated for scuba diving must be medically cleared by their physician in consultation with DAN-Divers Alert Network and Sea Base Medical Director. **Final decision for participation rests with Sea Base Medical Director, even if your physician has already approved you.**

**Particular attention is paid to:**

1. Anxiety medications and the effect anxiety may have on the scuba diver.
2. Participants on 2 or more psychotropic medications.

### ***Psychotropic Medication***

Participants on single medications for ADD, ADHD, depression or anxiety will have an additional document that must be completed by their physician (MD or DO) only. Those on multiple medications in all probability will not be cleared to scuba dive. Those that are being treated for anxiety in all probability will not be cleared to scuba dive. Currently being scuba certified or have a physician’s approval for scuba diving does not guarantee qualification for scuba diving. The Florida Sea Base Medical Director has the final decision on those qualified to scuba dive. There are no exceptions, exclusions or waivers to this policy.

**Concussions**: Those participants who have suffered a concussion and any side effects from the concussion should contact DAN and Florida Sea Base to discuss this issue.

**Food Allergies** Please alert Florida Sea Base Food Service to known allergies and restrictions via email at least two weeks prior to arrival. **FSB.Galley@scouting.org**. Crew must verify correct provisions upon arrival. See Dietary Notification form in the appendix section.

### Required Documents and Important Dates

The following is a listing of the required documents that must be sent to Florida Sea Base. Because each adventure is different, the list is broken down by adventure. The following are important dates to remember. Your medical documents must be sent to Florida Sea Base by these dates.

- **Spring Crews** must have BSA Part A and B to Sea Base by January 1st.
- **Summer Crews** must have BSA Part A and B to Sea Base by January 1st.
- **Winter Crews** must have BSA Part A and B to Sea Base by October 1st.

**Scuba Certification**

BSA Annual Health and Medical Record Part A and B (by deadline dates) **http://www.bsaseabase.org/filestore/HealthSafety/pdf/680-001_seabase.pdf**

- **No Less than 30 days** prior to your arrival we must have the following documents.
  - BSA Part C (signed by a physician)
Scuba Adventure

BSA Annual Health and Medical Record Part A and B (by deadline dates)

No Less than 30 days prior to your arrival we must have the following documents.

- BSA Part C (signed by a physician)
- RSTC/PADI Medical Statement (signed by a physician)
- PADI Release for Certified Divers
- Copy of health insurance cards
- Copy of scuba diving certification cards

Scuba Live Aboard

BSA Annual Health and Medical Record Part A and B (by deadline dates)

No Less than 30 days prior to your arrival we must have the following documents.

- BSA Part C (signed by a physician)
- RSTC/PADI Medical Statement (signed by a physician)
- PADI Release for Certified Divers
- Copy of health insurance cards
- Copy of scuba diving certification cards

“Boys can see adventure in a dirty old duck puddle, and if the Scoutmaster is a boys’ man he can see it, too.” Baden-Powell

Cool! We are through the difficult part and now it is time to discuss each adventure. This is where we begin to have fun! The Scuba Department of Florida Sea Base offers four adventures to our participants. Each adventure is unique in what it has to offer and what the scouts will gain from them.
Scuba Certification: This is where it all starts: getting certified as a PADI Open Water Diver. The Scuba Certification Adventure is a seven-day program that includes classroom knowledge development, diving skill development in the pool and open-water dives on the beautiful reefs of the Florida Keys.

There is preparatory work that your crew must complete prior to arriving to the Florida Sea Base. Florida Sea Base will send each crew leader a PADI Open Water Crew Pack for each participant. Each Crew Pack contains the following:

- PADI Open Water Diver Manual
- RDP Dive Table
- Logbook
- Student Record File

The PADI Open Water Diver manual is divided into 5 chapters. Please ensure each participant reads and completes the knowledge reviews at the end of each chapter. Each crew will receive one PADI Open Water Diver video (DVD format) for the entire crew. Each participant is required to view the entire video. It is highly suggested that your crew watches the video not as individuals, but as a crew to help build team unity. Each Crew Leader will also receive a checklist to help you follow your crew’s progress in completing the required materials. The checklist must be signed and returned to Sea Base upon arrival as part of your registration session.

Please complete this prior to your arrival. If the knowledge reviews are not completed prior to your arrival, this may preclude you from receiving your certification. In addition, your Open Water Certification will require you to comfortably swim, unaided, for a distance 200 meters, and float/tread water for 10 minutes.

“In Scouting, a boy is encouraged to educate himself instead of being instructed.” Baden-Powell

Scuba Adventure: The Scuba Adventure program is a classic scuba adventure that most visitors come to the Florida Keys to experience. In an effort to provide a true adventure for your crew, Florida Sea Base has infused the diving with additional training in dive skills, environmental awareness and ah.. what’s that word that divers truly enjoy experiencing?? Oh yes, FUN!

Those in the Scuba Adventure program will do up to 11 dives during their seven day stay. During these dives your crew will learn additional skills in compass navigation, natural navigation, buoyancy control
and night diving. In addition, they will be learning about reef conservation, environmental issues and impact by humans on our reef system.

**Scuba Live Aboard:** Let’s sing together “A Pirates Life for me”……. If you want lots of dives, sleeping under the stars and living on a boat for a week, the Scuba Live Aboard program is the adventure you want. The vessels in our fleet are either steel hulled Schooners or smaller 41’ Morgan’s. You will dive and work as part of the crew doing everything needed to operate the boat. This will include cooking, anchor watch, cleaning the boat and helping to operate the boat. Remember that this is “High Adventure”. If you are envisioning a cruise on the Queen Mary you may want to rethink this as an adult.

- **Sleeping:** There are bunks on the boats, but most participants enjoy sleeping on the deck under the stars. Please bring a sleeping mat and some light bedding. Do not bring hammocks as there is not enough space on the boat deck. You will be spending your first and last night at Sea Base in our dormitories.

- **Packing:** Before you depart Sea Base for your boat each person will be given a mesh bag for clothing and other items each participant wants to bring onboard. All items must fit into this 24-inch duffel bag. Bedding and scuba equipment are the only exceptions as to what must fit into the bag. Each crew will be given a locker to stow your gear that will not be going on the boat with you. The locker size 3 ft. x 3.5 ft. x 4 ft. deep. Bring your own lock to secure this locker and remember not to pack large travel suitcases as they will not fit into this locker.

- **There is a possibility that your crew may be split onto two vessels for their adventure.** It is totally a random chance this will happen and there is no way to assure any crew they will be able to be on one vessel. If your crew is on two vessels both boats will stay in close proximity to each other. If weather permits they will raft up together for meals and evening program. They will not be able to raft up together for the night or when they are on the reef diving.
“We do not want to make Scout training too soft.” Baden-Powell

**Diving Equipment**
Florida Sea Base offers Aqualung scuba equipment for all of your equipment needs. We supply the following equipment that is included in your adventure cost:

- Mask
- Fins
- Snorkel
- BC (weight integrated)
- Regulator (includes octo, pressure gauge, depth gauge and compass)
- Weights
- Tanks.

Wetsuits are available to rent for winter and spring. Summer water temperatures are in the 80’s so you will not need wetsuits then. Sorry, but Sea Base does not supply dive computers. Yes, you may use a computer if you bring your own. Sea Base highly recommends participants bring any snorkel or scuba diving equipment that they may already own, other than tanks, provided the equipment is inspected and approved by Florida Sea Base. Although we supply equipment, a diver is normally more comfortable diving in their own gear. Wetsuit booties are not required, but a pair of wet suit socks will definitely keep your feet comfortable in our fins.

All participants are required to have a dive watch to plan no decompression dives. The easiest way to explain this is you will need a watch that you could dive with. Yes, everyone needs a watch to dive with. No, it does not need to be an expensive watch, check online for several watches starting around $20. This watch does **NOT** need to record depth, safety stops or calculate no decompression limits.

**BSA Recognized Training Agencies**
The Boy Scouts of America and Florida Sea Base only accept certification from Recreational Scuba Training Council (RSTC or WRSTC) recognized training agencies which include (but not limited to) SDI/TDI, IANTD, PADI, PDIC, SSI, YMCA, RAID, SNSI, NASE and NAUI. Check the RSTC website to see if your agency is listed. [https://wrstc.com/](https://wrstc.com/)

**Sea Sickness**
Oh yes, the scourge of the sea! Sea Sickness has been described as a feeling of: first you think you are going to die, then you realize you will not, but wish you would. But the good news is there are ways to prevent this feeling. There are several over the counter medications that will help. The important thing is to read the directions. Start early. The Ships Store sells Bonine which is a good anti-seasickness medication.

**First Aid Kit**
Your first aid kit should have all of the items recommended in the *Guide to Safe Scouting* [http://www.scouting.org/filestore/council368/General/BSAGuideToSafeScouting.pdf](http://www.scouting.org/filestore/council368/General/BSAGuideToSafeScouting.pdf). Also include Vinegar (small bottle), Aloe Vera Cream, Sea Sickness Medication, lip balm, swimmers ear drops and Benadryl.
Luau
On the evening before your departure from Sea Base we provide you with a Luau. This is where we offer your crew a nice seafood dinner and some entertainment. Oh...by the way, your crew will be part of the entertainment. You may also want to have some luau attire for the evening. Tacky flowered shirts is what the locals (our staff) wear, and your crew is invited to join in the fun. If you can’t find such shirts where you live, our Ships Store has many to choose from.

Packing List
*Water bottle with carabiner & coffee mug  One sleeping cover, top and bottom sheet
*One long sleeve shirt (SPF 45+)  Pillow with pillow case
*Wide brimmed hat with strap  *Two towels
*Polarized sunglasses with strap  *Toiletry kit
*Biodegradable sunscreen (No sprays please)  *Dive log book and certification card
*Two pairs of shorts (one swim trunks and one land)  *Shoes or sandals
*Neoprene swim socks (Optional)  *Dive watch (watch you could dive with)

One piece swim suit or conservative tankini for our female participants
*Two locks per crew for Scuba Certification and Scuba Adventure, one lock for Scuba Live Aboard
*Light rain jacket

*These items are available in our Ships Store
The Ships store offers custom crew shirts that could double as rash guards. Custom 12.5”x14” dry bags are also available. Visit the Ships Store online at www.fsbshipstore.com.

Please Do Not Bring the Following Items
Spear guns, firearms, fireworks, aerosol sunscreen or bug spray, dive knives, personal music player, video games.

BSA Swim Test
All Sea Base participants must complete the BSA Swim Test in a strong manner prior to arrival. Units must complete the BSA Unit Swim Classification Form Any certified lifeguard or swim instructor may administer the test. Participants will be required to complete a Swim Review upon arrival. Participants who are classified as a non-swimmer, beginner swimmer or cannot complete the BSA Swim Test and the Sea Base Swim Review in a strong manner will not be able to participate in their adventure and cannot stay at Florida Sea Base. No exceptions will be granted; no refund will be offered for non-swimmers. http://www.scouting.org/filestore/pdf/Unit_Swim_Classification_Record_2016.pdf.

Leaving Base
Leaving Sea Base is only permitted for medical and religious reasons. Crews are not permitted to leave base to go sightseeing or for dinners. If a crew decided to depart Florida Sea Base that will be the end of their program, and they will not be permitted to return.

Departure
Prior to your departure there is a few items that need to be taken care of.
1. Please remember to pick up your crew photo from the Ships Store. We suggest that you take care of this sometime during the week.
2. Return the evaluations that you were given by your Divemaster/Instructor to the program office.
3. Return the First Aid Log to the Program Office. Even if you did not use anything out of your first aid kit, we need to have it back.

“The Scout Oath and Law are our binding disciplinary force.” Baden-Powell
Appendix

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BSA Part C: Pre-Participation Physical ........................................................................................pg. 22

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BSA High-Adventure Risk Advisory to Health-Care Providers and Parents (pg. 2) ..................pg. 24

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Part A: Informed Consent, Release Agreement, and Authorization

Full name: ___________________________  High-adventure base participants:
DOB: ___________________________
Expedition/crew No.: ___________________________
or staff position: ___________________________

Informed Consent, Release Agreement, and Authorization
I understand that participation in BSA Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In cases of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. If contact cannot be reached, permission is hereby given to the medical provider and/or adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the extent in accordance with applicable state and federal laws, camp medical staff, camp management, and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) Under the Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. §§ 160.102, 160.501, etc.) as amended from time to time. Includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participants parents or guardian, and any determination of the participant's ability to continue in the program activities.

If applicable, I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videos/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videos/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the taking.

NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continuously monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: [ ] None

I understand that, if any information I have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. I am participating at _________. I have read and understand the supplemental risk advisories, including height and weight requirements and restrictions, and understand that the participant will not be allowed to participate in applicable high-adventure programs if those requirements are not met. The participant has permission to engage in all high-adventure activities described, except as specifically noted by me or the health care provider. If the participant is under the age of 18, a parent or guardian's signature is required.

Participant's signature: ___________________________ Date: ___________________________
Parent/guardian signature for youth: ___________________________ Date: ___________________________
[If participant is under the age of 18]

Second parent/guardian signature for youth: ___________________________ Date: ___________________________
[If required, for example, California]

Complete this section for youth participants only:

Adults Authorized to Take to and From Events:
You must designate at least one adult. Please include a telephone number.
Name: ___________________________ Telephone: ___________________________
Name: ___________________________ Telephone: ___________________________

Adults NOT Authorized to Take Youth To and From Events:
Name: ___________________________ Telephone: ___________________________
Name: ___________________________ Telephone: ___________________________
Part B: General Information/Health History

Full name: ____________________________  High-adventure base participants:
DOB: ____________________________ Expedition/crew No.: ____________________________
Age: ______  Gender: ______  Height [inches]: ______  Weight [lbs.]: ______
Address: ____________________________________________
City: ______  State: ______  Zip code: ______  Telephone: ______
Unit leader: ______  Mobile phone: ______
Council Name/No.: ______  Unit No.: ______
Health/Accident Insurance Company: ______  Policy No.: ______

Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter “none” above.

In case of emergency, notify the person below:
Name: ____________________________  Relationship: ______
Address: ____________________________  Home phone: ______  Other phone: ______
Alternate contact name: ____________________________  Alternate’s phone: ______

Health History
Do you currently have or have you ever been treated for any of the following?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Condition</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diabetes</td>
<td>Last HbA1c percentage and date</td>
</tr>
<tr>
<td></td>
<td>Hypertension/high blood pressure</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adult or congenital heart disease/heart attack/cardiac pain attacks/heart murmurs/vascular disease. Any heart surgery or procedures. Explain all “yes” answers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family history of heart disease or any sudden heart-related death of a family member before age 50</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stroke/TIA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Asthma</td>
<td>Last attack date</td>
</tr>
<tr>
<td></td>
<td>Lung/respiratory disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COPD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ear/eye/nose/throat problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Musculoskeletal condition/muscle or bone issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head injury/concussion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Allergies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Psychiatric/psychological or emotional difficulties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Behavioral/neurological disorders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Blood disorders/sickle cell disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seizures</td>
<td>Last seizure date</td>
</tr>
<tr>
<td></td>
<td>Epilepsy/seizure disorders</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdominal/stomach/digestive problems</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thyroid disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excessive fatigue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Obstructive sleep apnea/sleep disorders</td>
<td>CPAP: Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td>List all surgeries and hospitalizations</td>
<td>Last surgery date:</td>
</tr>
<tr>
<td></td>
<td>List any other medical conditions not covered above</td>
<td></td>
</tr>
</tbody>
</table>

Prepared. For Life.
Part B: General Information/Health History

Full name: ________________________________

DOB: ____________________________

High-adventure base participants:
Expedition/crew No.: ____________________________
or staff position: ____________________________

Allergies/Medications
Are you allergic to or do you have any adverse reaction to any of the following?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Allergies or Reactions</th>
<th>Explain</th>
<th>Yes</th>
<th>No</th>
<th>Allergies or Reactions</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Medication</td>
<td></td>
<td></td>
<td></td>
<td>Plan(s)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Food</td>
<td></td>
<td></td>
<td></td>
<td>Insect bites/springs</td>
<td></td>
</tr>
</tbody>
</table>

List all medications currently used, including any over-the-counter medications.
☐ CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. ☐ IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Frequency</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

☐ YES ☐ NO Non-prescription medication administration is authorized with these exceptions:
Administration of the above medications is approved for youth by: ____________________________

/ Parent/guardian signature

/ MD/DO, NP, or PA signature (if your state requires signature)

Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. YOU SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor.

Immunization
The following immunizations are recommended by the BSA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Had Disease</th>
<th>Immunization</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Tetanus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pertussis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Diphtheria</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measles/mumps/rubella</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Polio</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chicken Pox</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hepatitis A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meningitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Influenza</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (i.e., HIV)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX
Review for camp or special activity.
Reviewed by: ____________________________

Date: ____________________________

Further approval required: ☐ Yes ☐ No
Reason: ____________________________

Approved by: ____________________________

Date: ____________________________

Prepared. For Life.

BSA Part B: General Information/Health History (pg. 2)
### Part C: Pre-Participation Physical

This part must be completed by certified and licensed physicians (MD, DO), nurse practitioners, or physician assistants.

<table>
<thead>
<tr>
<th>Full name:</th>
<th>High-adventure base participants:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Expedition/crew No.:</td>
</tr>
<tr>
<td></td>
<td>or staff position:</td>
</tr>
</tbody>
</table>

You are being asked to certify that this individual has no contraindication for participation inside a Scouting experience. For individuals who will be attending a high-adventure program, including one of the national high-adventure bases, please refer to the supplemental information on the following pages or the form provided by your patient.

#### Examiner's Certification

I certify that I have reviewed the health history and examined this person and find no contraindications for participation in a Scouting experience. This participant (with noted restrictions):

<table>
<thead>
<tr>
<th>True</th>
<th>False</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Examiner’s Signature:**

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
</table>

**Provider printed name:**

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP code:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Office phone:</th>
</tr>
</thead>
</table>

**Height/Weight Restrictions**

If you exceed the maximum weight for height as explained in the following chart, your planned high-adventure activity will take you more than 30 minutes away from an emergency vehicle/accessile roadway, you may not be allowed to participate.

<table>
<thead>
<tr>
<th>Maximum weight for height:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Height (inches)</th>
<th>Max. Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>116</td>
</tr>
<tr>
<td>61</td>
<td>122</td>
</tr>
<tr>
<td>62</td>
<td>128</td>
</tr>
<tr>
<td>63</td>
<td>134</td>
</tr>
<tr>
<td>64</td>
<td>140</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height (inches)</th>
<th>Max. Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>256</td>
</tr>
<tr>
<td>72</td>
<td>272</td>
</tr>
<tr>
<td>73</td>
<td>288</td>
</tr>
<tr>
<td>74</td>
<td>304</td>
</tr>
<tr>
<td>75 and over</td>
<td>320</td>
</tr>
</tbody>
</table>

**Prepared. For Life.**

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**BSA Part C: Pre-Participation Physical**

pg. 22
Sea Base Experience. Each high-adventure base offers a unique experience that is not risk-free. Knowledgeable staff will instruct all participants in safety measures to be followed. Be prepared to listen to and carefully follow these safety measures and to accept responsibility for the health and safety of yourself and others. Climatic conditions at Florida Sea Base include temperatures ranging from 50 to 95 degrees, high humidity, heat indexes reaching to 110 degrees, and frequent, sometimes severe, afternoon thunderstorms. Activities include snorkeling, scuba diving, kayaking, canoeing, sailing, hiking, and others; all of these have potential for injury. Refer to the Sea Base website for specific information.

Hypertension (High Blood Pressure). Participants should have a blood pressure less than 140/90. Persons with significant hypertension (greater than 140/90) should have the condition treated and controlled before attending any high-adventure base and should continue on medications while participating. Those taking beta-blocker medications should consider a change of medication before participating in any scuba program.

Insulin-Dependent Diabetes Mellitus. Both the person with diabetes and one other person in the group need to be able to recognize the signs of excessively high blood sugar and adjust the dose of insulin. An insulin-dependent person who has been newly diagnosed (within the last six months) or who has undergone a change in delivery system (e.g., insulin pump) in the last six months is advised not to participate. A person with diabetes who has had frequent hospitalizations for diabetic ketoacidosis or who has had frequent problems with hypoglycemia should not participate until better control of the diabetes has been achieved.

Diabetes and Scuba Diving: Persons with diabetes who are 18 years of age or older who wish to scuba dive should be assessed by a physician familiar with both hyperbaric issues related to diabetes and medications used for the control and treatment of diabetes. Persons 18 years old or older who are determined to be candidates for scuba diving must submit four hemoglobin A1c (HbA1c) tests, each with HbA1c values less than 7, taken within the previous 12 months. Any test within the past 12 months with an HbA1c value greater than 7 disqualifies a person from scuba diving as part of a BSA activity. Persons younger than 10 years of age with Type 1 diabetes will not be allowed to scuba dive. Persons under the age of 18 who control their diabetes with exercise and diet (no medications) and can provide three sequential hemoglobin tests with HbA1c values less than 6 may be approved to scuba dive.

Seizures (Epilepsy). A seizure disorder or epilepsy does not exclude an individual from participating at a high-adventure base. However, the seizure disorder should be well controlled by medication. A minimum one-year seizure-free period is considered to be adequate control. Exceptions to this guideline may be considered on an individual basis, and will be based on the specific type of seizure and the likely risks to the individual and to other members of the crew. Any seizure activity within the past five years, regardless of control and/or medication, disqualifies an individual from participation in any scuba program. A person with a history of seizure activity who has been asymptomatic AND medication-free for five years, as evidenced by a physician, will be allowed to dive.

Meditations. Each participant who has a condition requiring medication should bring an appropriate supply for the duration of the trip. Consider bringing duplicate or even triplicate supplies of vital medications. People with allergies that have resulted in severe reactions or anaphylaxis must bring with them sufficient unexpired Epipens to last for up to three hours.

Recommendations Regarding Chronic Illnesses. The Florida Sea Base requires that this information be shared with the parents or guardians and examining physician of every participant. There are no on-site facilities for extended care or treatment; therefore, participants who cannot meet these requirements will be sent home at their expense. Staff and/or staff physicians reserve the right to deny the participation of any individual on the basis of a physical examination and/or medical history. Adults or youth who have chronic conditions should undergo a thorough evaluation by a physician before considering participation at the Sea Base or any BSA high-adventure activity.
Asthma. Asthma should be well-controlled before participating at any high-adventure base. Well-controlled asthma means: 1) the use of a rescue inhaler (e.g., albuterol) less than once daily; and 2) no need for nighttime treatment with a rescue inhaler (e.g., albuterol). Well-controlled asthma may include the use of long-acting bronchodilators, inhaled steroids, or oral medications such as Singular. You must meet these guidelines in order to participate. You may not be allowed to participate if: 1) you have exercise asthma not controlled by medications; or 2) you have been hospitalized or have gone to the emergency room to treat asthma in the past six months; or 3) you have needed treatment with intravenous, intramuscular, or oral steroids (prednisone) in the past six months. You must bring an ample supply of your medications and a spare rescue inhaler that are not expired. At least one other member of the crew should know how to recognize signs of worsening asthma or an asthma attack and should know how to use the rescue inhaler. Any person who has needed treatment for asthma in the past three years must carry a rescue inhaler on the adventure. If you do not bring a rescue inhaler, you must buy one before you will be allowed to participate.

Asthma and Scuba Diving: Persons being treated for asthma (including reactive airway disease) are disqualified from BSA scuba programs. Persons with a history of asthma who have been asymptomatic and have not used medications to control asthma for five years or more may be allowed to scuba dive as part of a BSA activity upon submission of evidence from their treating physician. Persons with a history of asthma who have been asymptomatic and have not used medication to control asthma for fewer than five years may be allowed to scuba dive as part of a BSA activity upon submission of a methacholine challenge test showing the asthma to be resolved to the satisfaction of the Sea Base physician.

Allergy or Anaphylaxis. Persons who have had an anaphylactic reaction from any cause must contact the Florida Sea Base before arrival. If you are allowed to participate, you will be required to have appropriate treatment with you. You and at least one other member of your crew must know how to give the treatment. If you do not bring appropriate treatment with you, you will be required to buy it before you will be allowed to participate.

Recent Musculoskeletal Injuries and Orthopedic Surgery. Individuals with significant musculoskeletal problems (including back problems) or orthopedic surgery/injuries within the last six months must have a letter of clearance from their orthopedic surgeon or treating physician to be considered for approval to participate. Permission is not guaranteed. A person with a cast on any extremity may participate only if approved by their physician AND the Florida Sea Base.

Psychological and Emotional Difficulties. A psychological disorder does not necessarily exclude an individual from participation. Any condition should be well-controlled without the services of a mental health practitioner. Under no circumstance should medication be stopped immediately prior to participation, and medication should be continued throughout the entire high-adventure experience. Participants requiring medication must bring an adequate supply for the duration of the trip. SPECIAL NOTE ON SCUBA DIVING—Several psychotropic medications are NOT COMPATIBLE with the hyperbaric stresses of scuba diving. All medications MUST be listed on the BSA Annual Health and Medical Record. These medications will be reviewed by the Florida Sea Base health advisor and considered on an individual basis.

Weight Limits. Participants may complete their Sea Base adventure as long as they do not exceed 295 pounds in body weight. There are NO EXCEPTIONS TO THE MAXIMUM WEIGHT LIMIT, and those exceeding the maximum weight will be sent home at their own expense.
PADI Standard Safe Diving Practices Statement of Understanding

Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, ____________________________, understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to improve them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and to refer to my course materials to stay current and refresh myself on important information.

2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.

3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submerged pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.

4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.

5. Adhere to the buddy system throughout every dive. Plan dives—including communications, procedures for reuniting in case of separation and emergency procedures—with my buddy.

6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver—Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.

7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights cleared for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).

8. Breathe properly for diving. Never breath-hold or skip breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.

9. Use a boat, float or other surface support station, whenever feasible.

10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

______________________________
Participan’s Signature

______________________________
Date (Day/Month/Year)

______________________________
Signature of Parent or Guardian (where applicable)

______________________________
Date (Day/Month/Year)
Release of Liability/Assumption of Risk/Non-agency Acknowledgement Form

CERTIFIED DIVERS

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including Florida Sea Base and/or any individual PADI Instructors and Diversmasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc., or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of Florida Sea Base, and/or the instructors and diversmasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _______________ (diver name), hereby affirm that I am a certified scuba diver trained in safe dive practices and know that skin diving and scuba diving (hereinafter "Diving") have inherent risks which may result in serious injury or death.

I understand that scuba diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. If I am scuba diving with oxygen enriched air ("Enriched Air") or other gas blends including oxygen, I also understand that it involves inherent risks of oxygen toxicity and/or improper mixtures of breathing gas. I further understand that the Diving activities will be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with these activities in spite of the absence of a recompression chamber in proximity to the dive site(s).

I understand and agree that neither Florida Sea Base, nor the dive professional(s) who may be present at the dive site, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors and assigns (hereinafter "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur during Diving activities as a result of my participation in Diving or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I affirm that I am in good mental and physical fitness for Diving. I further state that I am not under the influence of alcohol or any drugs that are contraindicated to Diving, if I am taking medication. I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I understand that Diving is a physically strenuous activity and that I will be exerting myself during this activity and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I am aware that safe dive practices suggest diving with a buddy unless trained as a self-reliant diver. Accordingly, it is my responsibility to plan my dive allowing for my diving experience and limitations, and the prevailing water conditions and environment. I will not hold the Released Parties responsible for my failure to safely plan my dive, dive my plan, and follow the instructions and dive briefing of the dive professional(s). I affirm it is my responsibility to inspect all of my equipment prior to the Excursion and that I should not dive if my equipment is not functioning properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving or if I choose to dive with equipment that may not be functioning properly.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent that I have the authority to do so and that my heirs, assigns, and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.
Release of Liability/Assumption of Risk/Non-agency Acknowledgement Form

CERTIFIED DIVERS

I, ____________________________, hereby agree to exempt and release PADI, the Dive Professional(s), PADI Americas, Inc., and all related entities as defined above from all liability or responsibility whatsoever for personal injury, property damage or wrongful death however caused, including but not limited to the negligence of the released parties, whether passive or active.

I have fully informed myself and my heirs of the contents of this non-agency disclosure and acknowledgement agreement and liability release and assumption of risk agreement by reading both before signing below on behalf of myself and my heirs.

Participant Signature ____________________________ Date (Day/Month/Year) ____________________________

Signature of Parent of Guardian (where applicable) ____________________________ Date (Day/Month/Year) ____________________________

Diver Accident Insurance? □ NO □ YES Policy Number ____________________________

- page 2 of 2 -
Release of Liability/Assumption of Risk/Non-agency Acknowledgement Form

GENERAL TRAINING

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including Florida Sea Base, and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc. or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of Florida Sea Base and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _______________________, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks, including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), Florida Sea Base, the facility through which I receive my instruction, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether known or unknown, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere necrotic, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assign, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _______________________, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, Florida Sea Base, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, the Staff of Florida Sea Base, and PADI Americas, Inc. AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature ______________________ Date (Day/Month/Year) __________

Signature of Parent of Guardian (where applicable) ______________________ Date (Day/Month/Year) __________

PADI General Training Release
Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered.

by _________________________ and____________________________
Staff of Florida Sea Base
Instructor
Florida Sea Base __________________ located in the
Facility

city of __________________ state/province of __________________

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions, or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire
To the Participant:
The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Could you be pregnant, or are you attempting to become pregnant?

Are you presently taking prescription medications (with the exception of birth control or anti-malaria)?

Are you over 45 years of age and can answer YES to one or more of the following?
- currently smoke a pipe, cigars or cigarettes
- have a high cholesterol level
- have a history of heart attack or stroke
- are currently receiving medical care
- high blood pressure
- diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

Asthma, or wheezing with breathing, or wheezing with exercise?

Frequent or severe attacks of hayfever or allergy?

Frequent colds, sinusitis or bronchitis?

Any form of lung disease?

Pneumothorax (collapsed lung)?

Other chest disease or chest surgery?

Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?

Epilepsy, seizures, convulsions or take medications to prevent them?

Recurring complicated migraines headaches or take medications to prevent them?

Blackouts or fainting (full/partial loss of consciousness)?

Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver’s Physical Examination to take to your physician.

Dysentery or dehydration requiring medical intervention?

Any dive accidents or decompression sickness?

Inability to perform moderate exercise (example: walk 1.6 km/1 mile within 12 mins.)?

Head injury with loss of consciousness in the past five years?

Recent back problems?

Back or spinal surgery?

Diabetes?

Back, arm or leg problems following surgery, injury or fracture?

High blood pressure or take medicine to control blood pressure?

Heart disease?

Heart attack?

Angina, heart surgery, or blood vessel surgery?

Sinus surgery?

Ear disease or surgery, hearing loss or problems with balance?

Recent ear problems?

Bleeding or other blood disorders?

Hernia?

Ulcers or ulcer surgery?

A colostomy or ileostomy?

Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

______________________________
Signature

______________________________
Signature of Parent or Guardian

PRODUCT NO. 10609 (Rev. 08/07) Ver. 2.01

Page 1 of 4


RSTC/PADI Medical Statement (pg. 1)
STUDENT

Please print legibly.

Name ___________________________ Birth Date ___________ Age ________
First Initial Last
Mailing Address ___________________________
City ___________________________ State/Province/Region ________
Country ___________________________ Zip/Postal Code ________
Home Phone ( ) ___________________________ Business Phone ( )
Email ___________________________ FAX ________

Name and address of your family physician
Physician ___________________________ Clinic/Hospital ________
Address ___________________________
Date of last physical examination ________
Name of examiner ___________________________ Clinic/Hospital ________
Address ___________________________
Phone ( ) ___________________________ Email ________

Were you ever required to have a physical for diving? □ Yes □ No If so, when? ________

PHYSICIAN

This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant’s medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

Physician’s Impression
□ I find no medical conditions that I consider incompatible with diving.
□ I am unable to recommend this individual for diving.

Remarks ____________________________________________________________

_________________________________________ Date ______________
Physician’s Signature ___________________________ Clinic/Hospital ________
Address ____________________________________________
Phone ( ) ___________________________ Email ________
**ACTIONS for Addressing Identified Medical Conditions Restricting Diving**

To Parents or Adult Participants:
Upon review of the provided BSA Annual Health and Medical Record it has become apparent that you or your child may have a medical condition(s) that may pose an increased risk for dive related illness or injury. Sea Base generally employs a more conservative interpretation of accepted diving medicine guidelines. Your physician may want to consult with a diving medicine trained physician before providing a recommendation for your unrestricted scuba diving activity. Divers Alert Network (DAN), an excellent resource for diving medical resources, can provide contact information for finding diving medical physicians in your area as well as information about diving with your condition. Consulting a diving medicine physician may be of assistance to your physician to complete part C (Pre-Participation Physical). Please note, completion of the medical statement does not guarantee acceptance for diving. Sea Base may also have additional factors to consider that may include utilization of more conservative, accepted standards.

To the Physician:
Your patient wishes to engage in the sport of scuba diving, but has condition(s) that might pose an increased risk for dive related illness or injury. We ask that you contact a diving medicine physician if you have any questions or concerns. Divers Alert Network (DAN), a non-profit organization, can provide contact information for diving medicine physicians near you as well as a great source of diving medicine information. Their service is available Monday through Friday (8:30 AM to 5:00 PM eastern time U.S.) by calling 800-446-2671 Ext. 6222, during normal business hours.

Please understand the responsibility for the decision to proceed with the medical application should be made carefully by the diver, parents and primary physician (MD or DO) once the risks are clearly understood by all engaging in this voluntary, recreational activity. This decision however, should be based on the most current diving medical information available. DAN is able to provide you with current medical literature to assist in the decision-making process. There is lack of definitive data for many medical conditions/medications and diving to support precise risk analysis, especially in children. Therefore, guidance can be based on theoretical concerns, experience and/or the accumulation of anecdotal evidence and then compared to "acceptable risk". Again, DAN can help refer you to a local physician who is knowledgeable in diving medicine, physics and physiology. As in all of medicine, there will be differing opinions by diving medical specialists. DAN cannot and does not decide whether an individual may or may not participate in the sport of scuba diving. Please address in detail all positive findings cited on either history or physical.

**Physician statement:** I have read the above information regarding my Patient ___________________________ and his/her medical qualifications for scuba diving while at Florida Sea Base.

<table>
<thead>
<tr>
<th>Medical Condition/Medication</th>
<th>Comments (Resolved, Active, Consults, Studies, Accommodations, Deficits, Concerns)</th>
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☐ I find no medical conditions that I consider incompatible with diving and the patient
  and family understand any concerns/risks that might exist.

☐ I am unable to recommend this individual for diving

Physician name: ___________________________ (MD or DO only)

______________________________        ______________________________
Signature                        Date

*Please return this signed form to your patient along with the Part C (Pre-Participation Physical) Completion of this form does not guarantee acceptance into a Sea Base Scuba Adventure.*

"FL Sea Base Physician Statement 7/2018 v1.6"

**Additional Medical Statement/DAN Information**
### Scuba Crew Paperwork Review Form

**Crew #**

**Crew Leader**

**Arrival Date**

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**Scuba Adventure Crew**

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<tr>
<th>Participant Name</th>
<th>BSA Health &amp; Medical Record</th>
<th>Insurance Card</th>
<th>Immun. Record</th>
<th>PADI Forms</th>
<th>Medical Issue</th>
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<th>Cert. Card</th>
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**Comments:**

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## Scuba Crew Paperwork Review Form

**Arrival Date**

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**Crew #**

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**Crew Leader**

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**Scuba Certification Crew**

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**Comments:**

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## Scuba Crew Paperwork Review Form

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<thead>
<tr>
<th>Participant Name</th>
<th>BSA Health &amp; Medical Record</th>
<th>Insurance Card</th>
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<th>PADI Forms</th>
<th>Medical Issue</th>
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Comments:

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Arrival Date: ___________________________
# Open Water Certification Crew

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<thead>
<tr>
<th>Participant Name</th>
<th>Section One</th>
<th>Section Two</th>
<th>Section Three</th>
<th>Section Four</th>
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<td>Knowledge Review</td>
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Youth and Adult Crew Leader: This check list is designed to help you track your crews progress in completing all the necessary prerequisite material prior to attending Florida Sea Base for your PADI Open Water Certification Adventure. Each participant must complete all the Knowledge Reviews from the PADI Open Water Diver Manual and watch the video from each section. You are responsible for documenting each participants progress. It is highly suggested that each section of the PADI Open Water video is viewed as a crew, not individually.

*This form must accompany your crew to Florida Sea Base*

By signing below I affirm that each participant listed has completed the Knowledge reviews and viewed all sections of the PADI Open Water video. I understand that not having this information completed prior to our arrival will cause delays in our Scuba Certification Adventure.

<table>
<thead>
<tr>
<th>Adult Crew Leader Signature</th>
<th>Date</th>
<th>Youth Crew Leader Signature</th>
<th>Date</th>
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</table>
FLORIDA SEA BASE DIETARY NOTIFICATION FORM

Email to FSB.Galley@scouting.org or Leave a message @ 305-664-5629

We must receive this form **14 days prior to your Adventure arrival** in order to make the necessary substitutions. **THESE ITEMS ARE SUPPLIED BASED UPON AVAILABILITY. We will do our best to accommodate your needs, however for certain severe allergies (especially a person allergic to multiple items) or diet restrictions we may ask you to bring your own trail food.**

Please fill out **ONE (1) FORM PER INDIVIDUAL** with a dietary restriction and bring a copy.

**ALL FIELDS ARE REQUIRED**

Florida Sea Base Adventure Number (i.e. CR010114A)______________________________________

Name of person with Restriction__________________________________________________________

Email / Phone # (of youth parent or adult)__________________________________________________

Type of Allergy / Restriction (i.e. peanut allergy, gluten-free, vegetarian, no pork etc.)

____________________________________________________________________________________

If an allergy, it is by? Please Circle all that apply: Ingestion  Contact  Airborne

Other__________________ Severity of Allergy (i.e. anaphylactic, rash)________________________

etc.________________________________________

Is Allergy / Restriction controlled or treated by Medication? Circle one YES   NO

If so, Will participant have this Medication on this adventure? Circle one YES   NO

What type of Medication?_______________________________________________________________

List Symptoms Experienced (i.e. vomiting, dizziness)_______________________________________

Additional information /substitution suggestions useful to Food Service and the Commissary?

____________________________________________________________________________________

**For office use only! ADV#____________________ Sailing Vessel: _________________________**

**ALLERGY / RESTRICTION______________________________**

**PROVISIONS MADE: Y  OR  N  BY WHOM?_______________ DATE______________**

Food Restriction Form 2016
FOOD ALLERGY / DIET RESTRICTION PROCEDURES

I understand that I have a participant in my crew that has special dietary needs and will require additional food for our adventure. I acknowledge that the Florida Sea Base has already prepared (if given previous notice) or will prepare said food in compliance with the following allergies or dietary concerns:

PEANUT / TREE NUTS
- Lucy's Cookies: peanut, tree nut, gluten, dairy, soy FREE
- Fava Bean Snack
- If available nut free Granola or Breakfast Bar

DAIRY / LACTOSE
- Choice of substitute: Soy, Rice or Almond* Milk
  - *cannot be used if person has a tree nut allergy
- Fava Bean Snack
- DF Pasta...if possible DF Mac-n-Cheese
- Lucy's Cookies: peanut, tree nut, gluten, dairy, soy FREE
- If available, DF Cheese, Rice Crispy Treat, Granola or Breakfast Bar

DAIRY / LACTOSE
- Choice of substitute: Soy, Rice or Almond* Milk
  - *cannot be used if person has a tree nut allergy
- Fava Bean Snack
- DF Pasta...if possible DF Mac-n-Cheese
- Lucy's Cookies: peanut, tree nut, gluten, dairy, soy FREE
- If available, DF Cheese, Rice Crispy Treat, Granola or Breakfast Bar

GLUTEN FREE / CELIAC
- Bread, Hamburger/Hot Dog Buns
- Lucy's Cookies: peanut, tree nut, gluten, dairy, soy FREE
- Fava Bean Snack and GF Pretzels
- Chex Cereal or other GF Cereal
- Mac-n-Cheese and Pasta
- If available GF Muffins, Granola Bars, Tortilla

VEGETARIAN / VEGAN
- Provide some additional lettuce, tomato and cheese
- Garden and Black Bean Burgers**
  - **not Vegan or GF
- If available Tofu Dogs, Tofurkey Deli Slices
- Extra white rice and black beans
- Fava Bean Snack

NO PORK / BEEF
- Will provide additional Chicken instead of the Steak or Brat
- Turkey Breakfast Sausage for the no pork
- If available can provide Turkey Hot Dogs or Black Bean or Garden Burger

OTHER
We will attempt to provide suitable food for other requests i.e. Kosher if possible. Otherwise we suggest that the participant provide their own food.

Instructions:

1. Report allergy/food restriction to Check-in person in registration office
2. Fill out request form as needed (Registration Desk will turn in request form as needed)
3. Visit the galley and pick up prepared food packet before departure
4. Ensure food is on boat before departure
5. Have a great trip!

I acknowledge that the Florida National High Adventure Sea Base will do everything in its power to ensure appropriate provisions are aboard the boat prior to departure, however it is my responsibility to ensure it is there before departure.

_________________________ Date: __________________

Unit Leader Signature: ____________________________ Date: __________________

Unit Leader Print Name: ____________________________ Crew Number: __________
# Unit Swim Classification Record

This is the individual’s swim classification as of this date. Any change in status after this date i.e., non-swimmer to beginner or beginner to swimmer, would require a reclassification test by the Camp Aquatics Director.

**SPECIAL NOTE:** When swim tests are conducted away from camp or at the point of activity, the Aquatics Director shall at all times reserve the authority to review or retest all participants to assure that standards have been maintained. (Changes and/or corrections to the following chart should be initialed and dated by the test administrator.)

<table>
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<th>Unit Number</th>
<th>Full Name (Print)</th>
<th>Medical Recheck</th>
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**NAME OF PERSON CONDUCTING THE TEST:**

Print Name ___________________________ Signature ___________________________

Type of Authorization / Training ___________________________ Expiration Date if applicable ___________________________

**UNIT LEADER:**

Print Name ___________________________ Signature ___________________________

#19-122 *(OVER)*

Revised: February 2016