



AQUA CAT TRIP APPLICATION

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Please fax/scan this application to our office and bring original to the boat.

Male____ Female____

First Name Last Name Nickname or Preferred Name

Address Date of Birth (MM/DD/YY)

City State Zip Code Country
(_____)_____
(_____)_____
Phone # Day Phone # Evenings **Trip Date: MM/DD/YYYY**

Email address: _____ Would you like to receive our newsletter: ___yes ___no

What travel documents are needed? All travelers to the Bahamas need a passport. Check with the Bahamas Embassy for visa requirements if citizenship is not US.

Flight Info _____ / _____ / _____ / _____
Arrival Airline Flight # Arrival Date/Time in Nassau Depart Airline Flight # Date Time

We provide complimentary transfers to and from Nassau Int'l Airport and the Aqua Cat on Saturdays only.

I request airport transfers Yes No

Is this your 1st Aqua Cat Cruise? Yes No If no, how many prior trips on the Aqua Cat? _____

Special Requests _____

TRAVEL INSURANCE: We urge you to consider purchasing travel insurance for your trip. In order to maintain our reasonable cost & high level of service, we do not automatically insure your trip against the adverse affects of weather or other factors beyond our control. Your holiday represents a very large investment, and unforeseen circumstances such as injury or sickness, airline issues, and family emergencies can easily affect your ability to travel. Please visit our website for more information on travel and dive insurance. If you would like us to mail you brochures, just let us know and we'll be happy to do so. Will you or have you purchased travel insurance? Yes No

DIVING INFORMATION: Are you a certified diver? Yes No # of Dives? _____
Certifying Agency/Level/Certification # _____

I request Nitrox fills at \$150 per week I rate my skill as a scuba diver: Beginner Intermediate Advanced Non Diver

Rental Requests

Regulator BC Size _____ If renting a BC or Wet Suit: height : _____ weight: _____

Dive Computer Dive Light Wetsuit: Full Size _____

Instruction Requests

Full Certification Open Water Checkouts Discover Scuba Advanced Nitrox Diver

Night Diver Deep Diver U/W Naturalist

Instructional materials not included for above courses.

Medical Information

Contact in case of emergency (_____) _____ (_____) _____
Day Phone # Evening Phone #

Required medication

Medication which may not be given

Medical Alert Information

Diver's Insurance Company & policy #

In case of a medical emergency, I authorize the crew of the vessel to administer first aid or get proper medical attention if necessary. I understand that the nearest recompression chamber is hours away and may require air evacuation. The time involved with boat and air transport poses additional risk to my personal safety. I accept this risk and am fully prepared to pay all expenses related to evacuation and treatment should it be deemed necessary by myself or the vessel.

Signature

Date

*Any child under the age of 15 must be supervised by a parent or guardian at all times.

CREW CANNOT PROVIDE CHILD CARE ON BOARD UNDER ANY CIRCUMSTANCES.