



PADI Freediver Program Record and Referral Form

Student Name _____ Birth Date _____ (Day/Month/Year)
Mailing address _____ Sex M F
City _____ State/Province _____ Country _____ Zip/Postal Code _____
Phone Home (____) _____ Mobile (____) _____ Email _____

All PADI Freediver Instructors who initial this document must complete an identification section below.

PADI Instructor Andreas Horvath Signature _____
PADI No. 967589 Dive Center/Resort No. freedive-thurgau Date _____ (Day/Month/Year)
Phone No. (+41) 79 249 57 12 Email info@andreas-horvath.ch

PADI Instructor _____ Signature _____
PADI No. _____ Dive Center/Resort No. _____ Date _____ (Day/Month/Year)
Phone No. (_____) _____ Email _____

When referring a PADI Freediver student:

- Fill in the diver and PADI Freediver Instructor information and note appropriate areas of training completed.
 - Attach a copy of the diver's Freediver Medical History Form to this form.
 - Advise the diver of the need for a photo for certification card processing.
 - Encourage the diver to complete training as soon as possible and explain that this form is only valid for one year from the last training session completion date.
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Training Sessions

Freediver or Basic Freediver Course – sections completed:

Knowledge development – Date _____ Instructor Initials _____ PADI No. _____
PADI *Freediver Touch*™ or instructor-led session

200 m/y swim or 300 m/y mask, snorkel and fins swim – Date _____ Instructor Initials _____ PADI No. _____

Confined Water Session – Date completed _____ Instructor Initials _____ PADI No. _____

Open Water Session One – Date _____ Instructor Initials _____ PADI No. _____

Open Water Session Two – Date _____ Instructor Initials _____ PADI No. _____

All requirements for certification as a PADI Basic Freediver or PADI Freediver have been met.

Instructor Signature _____ PADI No. _____ Date _____ (Day/Month/Year)

Student Statement: I understand the training requirements for this course and have successfully completed all certification requirements. I am adequately prepared to freedive in areas and under conditions similar to those in which I was trained. I realize that additional training is recommended for participation in advanced or specialty freediving activities, in other geographical areas, and after periods of inactivity that exceed six months. I agree to abide by the PADI Freediver Safe Diving Practices.

Student Signature _____ Date _____ (Day/Month/Year)

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Advanced Feediver Course – sections completed:

Knowledge development – Date _____ Instructor Initials _____ PADI No. _____
PADI *Freediver Touch*™ or instructor-led session

Confined Water Session – Date _____ Instructor Initials _____ PADI No. _____

Open Water Session One – Date _____ Instructor Initials _____ PADI No. _____

Open Water Session Two – Date _____ Instructor Initials _____ PADI No. _____

All requirements for certification as a PADI Advanced Freediver have been met.

Instructor Signature _____ PADI No. _____ Date _____ (Day/Month/Year)

Student Statement: I understand the training requirements for this course and have successfully completed all certification requirements. I am adequately prepared to freedive in areas and under conditions similar to those in which I was trained. I realize that additional training is recommended for participation in advanced or specialty freediving activities, in other geographical areas, and after periods of inactivity that exceed six months. I agree to abide by the PADI Freediver Safe Diving Practices.

Student Signature _____ Date _____ (Day/Month/Year)

Master Feediver Course – sections completed:

Knowledge development – Date _____ Instructor Initials _____ PADI No. _____
PADI *Freediver Touch*™ or instructor-led session

Master Freediver Assignment – Date _____ Instructor Initials _____ PADI No. _____

Confined Water Session – Date _____ Instructor Initials _____ PADI No. _____

Open Water Session One – Date _____ Instructor Initials _____ PADI No. _____

Open Water Session Two – Date _____ Instructor Initials _____ PADI No. _____

All requirements for certification as a PADI Master Freediver have been met.

Instructor Signature _____ PADI No. _____ Date _____ (Day/Month/Year)

Student Statement: I understand the training requirements for this course and have successfully completed all certification requirements. I am adequately prepared to freedive in areas and under conditions similar to those in which I was trained. I realize that additional training is recommended for participation in specialty freediving activities, in other geographical areas, and after periods of inactivity that exceed six months. I agree to abide by the PADI Freediver Safe Diving Practices.

Student Signature _____ Date _____ (Day/Month/Year)