**New Horizons Course booking form**

Please complete one form per person. All fields with a must be completed prior to submission

## **Personal details**

|  |  |
| --- | --- |
| Full name:  |       |
| Address:  |       |
| Post Code:  |       |
| Phone number:  |       |
| Email address:  |       |
| Date of Birth:  |       | Dive Qualification:  |       | Certification Number: |       |
| Number of Dives:  |       | Date of Last Dive:  |       |

**Course Information**

|  |  |
| --- | --- |
| Course:  |       |
| Preferred start date:  |       |

Course Dates are shown on the website and are subject to availability. We will contact you to arrange an alternative start date if your preferred option is not available.

|  |  |
| --- | --- |
| Scheduling requirements:  |       |

Please refer to Course Information Section for details and choice if any (e.g. executive options). There may be a supplement for certain schedules.

Please note that basic scuba diving equipment is included in the price of all courses with the exception of GoPro courses (e.g. Dive Master or Instructor Development courses).

|  |  |  |
| --- | --- | --- |
| **Full** | **Part (as below)** | **None** |
| [ ]  | [ ]  | [ ]  |
| If ‘Part’ indicated above, please indicate (X) which equipment is required along with the sizes. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Size** |  | **Item** | **Size** | **Fitting**  |
| BCD |  |  | Cylinder |  |  |
| Regulator System | [ ]  |  | Hood & Gloves |  |
| Mask & Snorkel | [ ]  |  | Wetsuit (pool sessions only) |  |
| Fins (UK size) |       |  | Dive Computer | [ ]  |
| Weight Belt & Weights (kg) |       |  | Dive Torch | [ ]  |
| Drysuit |  |  | SMB & Reel | [ ]  |
| Undersuit |  |  | Other (please specify below) | [ ]  |
| Other |        |

**Please indicate sizes where equipment rental is required. If you are unsure of what sizes are required, please indicate your height, shoe size and t-shirt size:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Height (approx.) |  |  | Shoe Size: |       |  | T-shirt / dress size |       |

**For Office Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Amount** | **Method** | **Date** | **By** |
| Payment Received |       |       |       |       |
| Materials Issued | [ ]  |       |       |       |
| Diary Completed | [ ]  | Course Summary Completed |       |

**Emergency Contact Details.**

|  |  |
| --- | --- |
| Name:  |       |
| Relationship:  |       |
| Address:  |       |
| Phone Number:  |       |
| Email:  |       |
|  |  |
| How did you hear about us?  |       |

**Terms & Conditions**

BOOKINGS CAN ONLY BE ACCEPTED ON RECEIPT OF THIS BOOKING FORM AND MEDICAL FORM. PLEASE READ THE FOLLOWING TERMS & CONDITIONS CAREFULLY.

**Terms & Conditions of Business of New Horizons Dive Centre Ltd.**

1. Course Bookings will only be confirmed upon receipt of a completed Booking Form, a Medical Statement and payment in full of the Course Fee as soon as reasonably possible but no later than 2 weeks in advance of the start of the Course.
2. Any course related training materials will be issued by New Horizons Dive Centre Ltd (New Horizons) to the Course Student on receipt of payment in full of the Course Fee.
3. For cancellations made by the customer within 7 days of the start of the Course, the Course Fee is **not** refundable but may be transferred to another Course at the discretion of New Horizons. In the event of cancellation, any costs reasonably incurred by New Horizons with respect to Course Materials, facilities hire, etc will be deducted from any refund.
4. Changing of course dates with 2 weeks’ notice of the start of the course can be made free of charge. And changes to course dates made within 2 weeks of the course start date will incur a £30 administration fee.
5. If weather, industrial action, facility unavailability or any other event outside of New Horizons' control causes the Course to be delayed, cancelled or changed, New Horizons will not be held liable for any consequential loss or expense incurred by the customer and any refund made will be subject to the deduction of reasonable expenses incurred.
6. If staff unavailability, equipment failure, insufficient students or other similar circumstance causes New Horizons to cancel the course, the maximum possible notice will be given to the customer and mutually acceptable alternative date(s) arranged. Where this is not possible, any Course Fee paid will be refunded in full. New Horizons will not be held liable for any consequential loss or expense incurred by the customer.
7. Customers using New Horizons' equipment for the purpose of the Course shall be responsible for the equipment from the time of issue and any loss or damage arising from the customer's negligence will be charged at replacement cost.
8. By making this Booking, you are giving permission for New Horizons, its employees and agents to contact you from time to time prior to the staring date of the Course to make you aware of any information or offers to enhance your safety and/or enjoyment of the Course.
9. Whilst every effort will be made by New Horizons to ensure that the customer completes the Course successfully, completing this Booking Form and paying the Course Fee does not guarantee that the customer will meet the required standards for certification within the schedule of the Course. In the event of the customer not meeting the required standards for certification within the schedule of the Course, no refund will be made. Where New Horizons arranges additional training sessions outside of the Course schedule to assist the customer to meet the required standards, the customer will be charged for the additional training sessions at cost.

**I confirm that I have read and agree to the above Terms & Conditions**

Entering your name here will serve as your signature and will be viewed in the same manner

|  |  |
| --- | --- |
| **Name of Course Student\***  |  |

\*If the Course Student is under 18, please provide the name of a parent or guardian

|  |  |
| --- | --- |
| **Name of Parent or Guardian**  |  |

|  |  |
| --- | --- |
| **Date**  |  |

**Please submit this completed form as an email attachment along with the Medical form.**