

Day of Discovery

“Participant Information Form”

Marv Tuttle, Volunteer for The Monterey Bay Aquarium

(408) 268-8004 mtpoppy@sbcglobal.net

www.specialkidsscuba.org

Childs Name:

Address:

City:

State:

Zip Code:

Phone Number:

Cell Phone Number:

E-Mail Address:

Guardian's Name:

Guardian Language:

Childs Disability Type:

Childs Verbal Skills:

Any Allergies That We should Know of?:

Does the Child use an Inhaler?:

Mobility Aid(example, wheelchair):

Childs Date of Birth (month/day/year):

Childs Weight:

Childs Height:

Childs Shirt Size:

Tell Us a Little About your Child, i.e., Does he or she like the water? Have they ever worn any type of dive gear? Are they comfortable with their face in the water? Are they able to take directions? Etc.

Thank You,

Marv Tuttle

Please return this form as soon as possible to:

**Marv Tuttle
1036 Mount Carmel Dr.
San jose, Ca 95120
Or e-mail to: mtpoppy@sbcglobal.net**