ENROLLMENT AGREEMENT

Commercial Divers International
4055 S. Sarival Ave.
Goodyear, AZ. 85338
(623)882-DIVE (3483)
info@divecdi.com
http://www.divecdi.com

Student Name: _____

Present Address:

_____

_____

Permanent Address:

_____

_____

Telephone (home): _____ Work Phone: _____

Cell: _____ Date of Birth: _____

Student I.D. No.: _____

Email: _____

PROGRAM INFORMATION:

Program: Commercial Diver Start Date: _____

Program Length: 671 Hours/7 months

Tuition:

The total cost for the Commercial Diver Training program:

Tuition	$17,500
Administration/Registration Fee	$150
	$17,650

Additional Student Expenses (can be purchased outside of school):

Books	$235
Gear	$1,500
Hyperbaric Physical	$500
Total Additional Expenses	$2,235

Tuition Payment Options (Available to all students):

A payment of $17,500 is due with signing of the enrollment agreement.

1. Conventional tuition financing through Education Loan Source.
2. Balance of tuition options (In-House Financing):
    a. **Option 1** – All charges for tuition ($17,500) paid in full on or before the first day of class.
    b. **Option 2** – Payment option allows for payments to be made in two installments. The first ($8,750) installment is to be paid on or before the first day of class, and the second installment ($8,750) will be due the 15th week of the program.
    c. **Option 3** – Payment option allows for payments to be made in three installments. The first installment ($5,833.33) is to be paid on or before the first day of class, the second installment ($5,833.33) will be required week 8 of the program, and the third installment ($5,833.33) will be required week 25 of the program.
    d. **Option 4** – Payment option allows for payments to be made in four installments. The first installment ($4,375) is to be paid on or before the first day of class, the second installment ($4,375) will be paid by week 6, the third installment ($4,375)

will be paid week 12, and the final installment ($4,375) will be paid week 18 of the program.

e. **Option 5** – Seven monthly installments. The first installment ($2,500) must be paid on or before the first day of class. Each additional installment ($2,500) must be paid 28 days following the due date of the previous installment. The seventh and final installment must be paid by week 25 of the program.

CANCELLATION AND REFUND POLICY:

If for any reason an applicant is not accepted by CDI, the applicant is entitled to a refund of all monies paid.

Three-Day Cancellation: An applicant who provides written notice of cancellation within 3 days (excluding Saturday, Sunday and federal and state holidays) of signing an enrollment agreement is entitled to a refund of all monies paid. No later than 30 days of receiving the notice of cancellation, the school shall provide the 100% refund.

Other Cancellations: An applicant requesting cancellation more than three days after signing an enrollment agreement and making the initial payment, but prior to entering CDI's program, is entitled to a refund of all monies paid (minus the application fee of $150).

Refund after the commencement of classes:

1. Procedures for withdrawal/withdrawal date:
    a. A student choosing to withdraw from CDI after the commencement of classes is to provide written notice to the Director of Student Services. The notice is to indicate the expected last date of attendance and be signed and dated by the student.
    b. For a student who is on authorized Leave of Absence, the withdraw date is the date the student was scheduled to return from the Leave and failed to do so.
    c. A student will be determined to be withdrawn for the institution if the student has not attended any class for 30 consecutive class days.
    d. All refunds will be issued within 30 days of the determination of the withdrawal date.
2. Tuition Charges/refunds:
    a. Before the beginning of classes, the student is entitled to a refund of 100% of the tuition (minus the application fee of $150).
    b. After the commencement of classes, the tuition refund (minus the application fee of $100) amount shall be determined as follows:

% of the clock hours attempted:	Tuition refund amount:
10% or less	90%
More than 10% and less than or equal to 20%	80%
More than 20% and less than or equal to 30%	70%
More than 30% and less than or equal to 40%	60%
More than 40% and less than or equal to 50%	50%
More than 50%	No refund is required

The percentage of the clock hours attempted is determined by dividing the total number of clock hours elapsed from the student's start date to the student's last day of attendance, by the total number of clock hours in the program.

Non- refundable Supplies and fees:

Gear	$1,500
Hyperbaric Physical	$500
Administration/Registration Fee	$150
	$2,100

Refunds will be issued within 30 days of the date of student notification, or date of school determination (withdrawal due to absences or other criteria as specified in the school catalog), or in the case of a student not returning from an authorized Leave of Absence (LOA), within 30 days of the date the student was scheduled to return from the LOA and did not return.

Holder in Due Course Statement:
Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or with the proceeds, hereof recovery hereunder by the debtor shall not exceed amounts paid by the debtor (FTC Rule effective 5-14-76).

THE STUDENT UNDERSTANDS:

1. The school does not accept credit for previous education, training, work experience (experimental learning, or CLEP.
2. The school does not guarantee job placement to graduates upon program/course completion or upon graduation.
3. The school reserves the right to reschedule the program start date when the number of students scheduled is too small.
4. The school will not be responsible for any statement of policy or procedure that does not appear in the school catalog.
5. The school reserves the right to discontinue the student's training for unsatisfactory progress, nonpayment of tuition or failure to abide by school rules.

6. Information concerning other schools that may accept the school's credits toward their programs can be obtained by contacting the office of the President. It should not be assumed that any programs described in the school catalog could be transferred to another institution. The school does not guarantee the transferability of credits to a college, university or institution. Any decision on the comparability, appropriateness and applicability of credits and whether they should be accepted is the decision of the receiving institution.
7. This document does not constitute a binding agreement until accepted in writing by all parties.

STUDENT ACKNOWLEDGEMENTS:

1. I hereby acknowledge receipt of the school's catalog dated_____, which contains information describing programs offered, and equipment/supplies provided. The school's Student Handbook & Catalog is included as part of this enrollment agreement, and I acknowledge that I have received a copy of this catalog.
   _____ Student initials

2. Also, I have carefully read and received an exact copy of this enrollment agreement.

   _____ Student initials

3. I understand that the school may terminate my enrollment if I fail to comply with attendance, academic and financial requirements or if I disrupt the normal activities of the school. While enrolled in the school. I understand that I must maintain Satisfactory Academic Progress as described in the school catalog and that my financial obligation to the school must be paid in full before the certificate may be awarded.

   _____ Student initials

4. I also understand that this institution does not guarantee job placement to graduates upon program/course completion or upon graduation.

   _____ Student initials

5. I have selected payment option #_____. I understand that I must pay my tuition as stated in the option section listed above. I also understand that failure to pay as scheduled and on time may terminate my enrollment.

   _____ Student initials

CONTRACT ACCEPTANCE:

I, the undersigned, have read and understand this agreement and acknowledge the receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees incurred by Commercial Divers International.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this _____ day of _____ 20 _____

_____ _____

Signature of Student Date

_____ _____

Signature of School Official Date

Representative's certification: I hereby certify that _____ has been interviewed by me and in my judgement, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

By: _____ Date: _____

Commercial Divers International, Inc.

4055 S. Sarival
Goodyear, AZ 85338
623-882-3483

Waiver, Release and Indemnity Agreement

I am aware that commercial diving and its related activities are dangerous and hazardous, and I am participating in these activities with knowledge of the danger involved.

I hereby assume all risk of injury or death, including loss or damage to my property during the complete course of instruction and related assignments and activities at Commercial Divers International however or wherever the activities occur.

I agree for myself, my heirs, successors and assigns not to prosecute against Commercial Divers International for compensation for any injury suffered by me or any loss or damage to my property during participation in course related activities whether occasioned by negligence of Commercial Divers International or myself.

I further agree for myself, my heirs, and successors and assign to hold Commercial Divers International and their officers, agents and employees, free and harmless from any and every claim, and to indemnify them against any and every claim. I am releasing any claim which may arise against Commercial Divers International from any and all liability of personal injury, property damage, and/or wrongful death that might result from my participation in diving and other course related activities.

My signature below indicates that I have read this form and fully understand its intent.

_____ _____

Student Signature Witness

_____ _____

Student's Name Printed Dated

_____

Date

MEDICAL HISTORY FORM

Employer			Job Title			Date
1. Last Name	First Name	Middle Name	2. Date of Birth	3. Gender	4. SSN or PASSPORT No.	
5. Address (Number, Street)	6. City		7. State	8. Zip Code	9. Area Code – Phone Number ( )	
10. Emergency Contact Person – Relationship – Address – Telephone Number					11. Cell Phone Number ( )	

12. MEDICAL HISTORY: Have you ever had or been treated for (positive answers must be explained below):

Yes	No		Yes	No		Yes	No	
☐	☐	Convulsions or Seizures	☐	☐	Cardiac Angiogram or ECHO	☐	☐	Herniated Disc or Sciatica
☐	☐	Epilepsy	☐	☐	PFO Repair	☐	☐	Shoulder Injury
☐	☐	Concussion or Head Injury	☐	☐	High Blood Pressure	☐	☐	Elbow Injury
☐	☐	Disabling Headaches	☐	☐	Asthma or Wheezing	☐	☐	Arm/wrist/hand Injury
☐	☐	Loss of Balance/Dizziness	☐	☐	Coughing up Blood	☐	☐	Hip/Leg/Ankle Injury
☐	☐	Severe Motion Sickness	☐	☐	Tuberculosis	☐	☐	Knee Injury or "Trick Knee"
☐	☐	Unconsciousness	☐	☐	Shortness of Breath	☐	☐	Foot Trouble or Injuries
☐	☐	Fainting Spells	☐	☐	Chronic Cough	☐	☐	Dislocations
☐	☐	Wear Contacts/Glasses	☐	☐	Pneumothorax	☐	☐	Swollen Joints
☐	☐	Color Vision Defect	☐	☐	Lung Disease or Surgery	☐	☐	Broken Bones or Fractures
☐	☐	Eye Disease or Injury	☐	☐	Gallbladder Disease or Stones	☐	☐	Varicose Veins
☐	☐	Eye Surgery	☐	☐	Stomach Trouble or Ulcers	☐	☐	Muscle Disease or Weakness
☐	☐	Hearing Loss	☐	☐	Stomach Bleeding	☐	☐	Numbness or Paralysis
☐	☐	Ear Disease or Injury	☐	☐	Frequent Indigestion	☐	☐	Sleep Disorders
☐	☐	Ear Surgery	☐	☐	Jaundice	☐	☐	Diabetes
☐	☐	Perforated Eardrum	☐	☐	Liver Disease or Hepatitis	☐	☐	Goiter or Thyroid Disease
☐	☐	Difficulty Clearing	☐	☐	Rectal Bleeding/Blood in Stools	☐	☐	Blood Disease
☐	☐	Nose Bleed	☐	☐	Hemorrhoids (Piles)	☐	☐	Anemia: Sickle Cell or Other
☐	☐	Airway Obstruction	☐	☐	Gas Pains	☐	☐	Skin Rash or Disease
☐	☐	Hay Fever or Allergies	☐	☐	Crohn's Disease/Ulcerative Colitis	☐	☐	Staph Infections
☐	☐	Chest Pain	☐	☐	Rupture or Hernia	☐	☐	Tumor or Cancer
☐	☐	Heart Murmur	☐	☐	Kidney Disease	☐	☐	Claustrophobia
☐	☐	Rheumatic Fever	☐	☐	Kidney Stones	☐	☐	Mental Illness/Depression/Anxiety
☐	☐	Heart Attack	☐	☐	Protein, Sugar or Blood in Urine	☐	☐	Nervous Breakdown
☐	☐	Abnormal Heart Rhythm	☐	☐	Joint Pain/Arthritis	☐	☐	Any Sexually Transmitted Disease
☐	☐	Heart Disease	☐	☐	Back Strain or Injury	☐	☐	Contagious Disease
☐	☐	Cardiac Stent or Angioplasty	☐	☐	Spine Problems	☐	☐	Other Illness or Injury or Any Other Medical Condition

		For Females ONLY	☐	☐	Painful Menses	
☐	☐	Irregular Menses	☐	☐	Pregnancy	Last Menstrual Period _____

PLEASE EXPLAIN THE DETAILS OF EACH ITEM CHECKED YES _____

13. LIST ALL SURGERIES YEAR

14. LIST ALL HOSPTALIZATIONS YEAR

15. LIST ALL INJURIES YEAR

16. LIST ALL MEDICATIONS, PRESCRIPTION OR OVER THE COUNTER

17 ANSWER THE FOLLOWING QUESTIONS:

Every Item Checked Yes Must Be Fully Explained Below	YES	NO		YES	NO
Do you have any physical defects or any partial disabilities?			Have you ever resigned, been terminated, or changed jobs for medical reasons?		
Have you ever been rejected or rated for insurance, employment, license, or armed forces for health reasons?			Have you ever been dismissed from employment because of excess use of drugs or alcohol?		
Have you ever had illnesses, injuries, or lost time accidents from any work that you have done?			Do you have any allergies or reactions to food, chemicals, drugs, insect stings, or marine life?		
Have you been advised to have a surgical operation or medical treatment that has not been done?			Are you presently under the care of a physician? Give physician's name and address on the next page.		

COMMENTS: _____

18. My Personal Physician is: Name _____

Address _____

City, State _____

Phone Number _____

19. DIVING HISTORY **How long have you been commercial diving?** _____

Surface Air Diving History

Maximum Depth Surface Air

Maximum Depth Surface Mixed Gas

Longest Bottom Time Air

Longest Bottom Time Mixed Gas

Saturation Diving History

Heliox Yes ☐ No ☐

Trimix Yes ☐ No ☐

Nitrox Yes ☐ No ☐

Maximum Depth _____

Maximum Duration (Days) _____

20. DIVING EXPERIENCE (Number of years experience):

Air ____

Mixed Gases ____

Saturation ____

Have you passed an oxygen tolerance test?

Yes ☐ No ☐

Name of Diving School _____

21. INDICATE THE NUMBER OF DECOMPRESSION INCIDENTS

If None put 0 (Zero) **List any residuals**

Bends, pain only ____ _____

Bends, neurological ____ _____

Chokes ____ _____

Inner ear ____ _____

22. IN DIVING HAVE YOU HAD A HISTORY OF: (Provide details of dates and severity)

	Yes	No	Details		Yes	No	Details
Gas Embolism	☐	☐		Lung Squeeze	☐	☐	
Oxygen Toxicity	☐	☐		Near Drowning	☐	☐	
CO_2 Toxicity	☐	☐		Asphyxiation	☐	☐	
CO Toxicity	☐	☐		Vertigo (Dizziness)	☐	☐	
Ear/Sinus Squeeze	☐	☐		Pneumothorax	☐	☐	
Ear Drum Rupture	☐	☐		Nitrogen Narcosis	☐	☐	
Deafness	☐	☐		Loss of Consciousness	☐	☐	

23. Have you been involved in a diving accident (decompression sickness or others) since your last physical examination? ☐Yes ☐No

Date of last physical examination: _____

For what company or organization were you last examined? _____

Name of Physician who performed your last exam _____

Address of Physician _____

City, State _____

24. Have you ever had any of the following? If so, give approximate date:

Yes	No		Give Date	Yes	No		Give Date
☐	☐	Chest X-Ray		☐	☐	Nerve Condition Studies	
☐	☐	Longbone Series		☐	☐	Pulmonary Function Studies	
☐	☐	Back (Spine) X-Ray		☐	☐	Audiogram	
☐	☐	ENG		☐	☐	EKG	
☐	☐	EEG		☐	☐	Exercise (Stress) EKG	
☐	☐	EMG		☐	☐	MRI	

25. Physician Remarks: _____

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT LEAVING OUT OR MISREPRESENTING FACTS CALLED FOR ABOVE MAY BE CAUSE FOR REFUSAL OF EMPLOYMENT OR SEPARATION FROM THE COMPANY. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE COMPANY MEDICAL EXAMINER WITH A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY PHYSICAL EXAM.

Date _____ **Signature** _____

PHYSICAL EXAMINATION FORM

Employer	Date	Date of Birth	Age

1. Last Name	First Name	Middle Name	2. SSN or PASSPORT No.

3. Height (inches)	4. Weight (pounds)	5. Body Fat (%) (Optional)	6. BMI (Optional)

7. Temperature	8. Blood Pressure	9. Pulse/Rhythm	10. General Appearance/Hygiene	11. Build
	/			

12. Distant Vision:		13. Near Vision: Jaeger	Near Vision Corrected	14. Color Vision (Test Performed and Results)
R. 20/_____	Corr. to 20/_____	R. 20/_____	R. 20/_____	
L. 20/_____	Corr. to 20/_____	L. 20/_____	L. 20/_____	

15. Field of Vision (Degrees) R ° L ° 16. Contact Lenses ☐ Yes ☐ No

NORMAL	ABNORMAL	Check each item in appropriate column (enter NE for Not Evaluated)	REMARKS
		17. Head, Face, Scalp	
		18. Neck	
		19. Eyes	
		20. Ears – General (internal and external canal)	
		21. Eustachian Tube Function	
		22. Tympanic Membrane	
		23. Nose (Septal Alignment)	
		24. Sinuses	
		25. Mouth and Throat	
		26. Chest	
		27. Lungs	
		28. Heart (Thrust, Size, Rhythm, Sounds)	
		29. Pulses (Equality, etc.)	
		30. Vascular System (Varicosities, etc.)	
		31. Abdomen and Viscera	
		32. H ernia (All Types)	
		33. Endocrine System	
		34. G-U System	
		35. Upper Extremities (Strength, ROM)	
		36. Lower Extremities (Except Feet)	
		37. Feet	
		38. Spine	
		39. Skin, Lymphatics	
		40. Anus and Rectum	
		41. Sphincter Tone	
		42. Pelvic Exam	

NEUROLOGICAL EXAMINATION

43. CRANIAL NERVES

		NORMAL	ABNORMAL	NE
I	Olfactory			
II	Optic			
III	Oculomotor			
IV	Trochlear			
V	Trigeminal			
VI	Abducens			

		NORMAL	ABNORMAL	NE
VII	Facial			
VIII	Auditory			
IX	Glossophayrngeal			
X	Vagus			
XI	Spinal Accessory			
XII	Hypoglossal			

44. REFLEXES

DEEP TENDON

	Left					Right				
	0	1	2	3	4	0	1	2	3	4
Triceps										
Biceps										
Patella										
Achilles										

PATHOLOGICAL

	Left		Right	
	Present	Absent	Present	Absent
Babinski				
Hoffman				
Ankle Clonus				

SUPERFICIAL

	Present	Absent	NE
Upper Abdomen			
Lower Abdomen			
Cremasteric			

45. CEREBELLAR FUNCTION

	0	1	2	3	4
Ataxia					
Tremor (intention)					

	Normal	Abnormal
Finger to Nose		
Heel to Shin (Sliding)		

46. MUSCLE STRENGTH

	1	2	3	4	5
Right Upper Extremity					
Left Upper Extremity					
Right Lower Extremity					
Left Lower Extremity					

TONE

Normal	Abnormal

47. PROPIOCEPTION

	Left		Right	
	Normal	Abnormal	Normal	Abnormal
Joint Position Sense				
Stereognosis				
Vibratory Sensation				

48. NYSTAGMUS

	Present	Absent
End Point Lateral Gaze		
Pathological		

49. SENSATION

	Normal	Abnormal
Hot		
Cold		

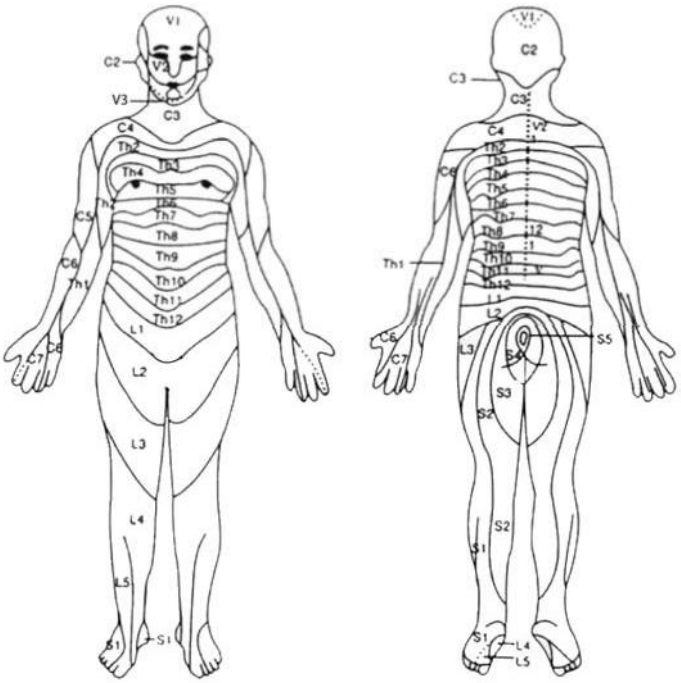
	Normal	Abnormal
Sharp		
Soft		

Two Point Discrimination	
Normal	
Abnormal	

50. RHOMBERG

Absent	
Present	

51. MISCELLANEOUS REMARKS



LABORATORY FINDINGS

52. Urinalysis

Color _____
Appearance _____
Sp. Gravity _____
Ph _____

	0	1+	2+	3+	4+
Sugar					
Blood					
Ketones					
Bilirubin					
Protein					

53. Blood Tests

CBC
Normal ☐
Abnormal ☐

Sickle Cell ☐ Pos ☐ Neg

Attach Reports
RPR ☐ Pos ☐ Neg
HIV ☐ Pos ☐ Neg

54. Pulmonary Function

FVC _____
FEV1 _____
FEV1/FVC _____

55. X-rays

	Normal	Abnormal	(Describe)
Chest	☐	☐	
Lumbar Spine	☐	☐	
Long Bone Series	☐	☐	
Other	☐	☐	

56. Electrocardiogram

Static _____
Exercise Stress _____

57. Audiogram

Hz	500	1000	2000	3000	4000	6000	8000
Left							
Right							

58. Comprehensive Metabolic Panel Attach Report

Normal ☐
Abnormal ☐

Lipid Panel (if done)

Normal ☐
Abnormal ☐

Comments: _____

59. Drug Screen

☐ Not collected
☐ Collected, results sent to employer

Work Status:

☐ Fit for diving
☐ Cleared for supervisor
☐ Cleared for topside work only
☐ Cleared with restrictions: _____
☐ Further evaluation needed: _____
☐ Unfit for diving : _____
☐ Unfit _____

Comments: _____

Examinee Signature _____
Examinee Name _____
Physician Signature _____
Physician Name _____
Address _____
Phone Number _____

Date of Examination _____