

# COMMERCIAL DIVING ACADEMY ENROLLMENT AGREEMENT

License # 2521  
8137 North Main Street, Jacksonville, Florida 32208  
Toll Free Phone 888-974-2232

I desire to enroll in the Air/Mixed Gas Commercial Diver course in Class # \_\_\_\_\_ which is  
scheduled to convene on \_\_\_\_\_ and which will graduate on \_\_\_\_\_.  
(Month) (Day) (Year) (Month) (Day) (Year)

This is a 20 week course (844 Clock Hours), Monday through Friday 7:00 am to 5:00 pm.

Attached with this agreement is my non-refundable Registration Fee of \$100.00.

## TERMS AND CONDITIONS

**COST-Air/Mixed Gas Commercial Diving Program cost:** Non-refundable Registration fee -\$100.00, Tuition - \$19,800.00. Estimated equipment/supplies - \$3,100.

**CREDENTIALS** – Upon successful completion of the course the student will receive a diploma for Air/Mixed Gas Commercial Diver, Unrestricted Surface Supplied Diver Certification from DCBC, Certifications for Non-Destructive Testing, Topside and Underwater Welding Qualifications from AWS, Scuba from NASE, Hazardous Materials Handling and Response, Rigging Certification from API, Commercial Diver Card from ACDE, First Aid/CPR, & AED/O2 Provider.

**SCHOOL RESPONSIBILITY** – The Academy agrees to make available to the applicant classroom space, all diving equipment and supplies (other than personal diving equipment required to be furnished by the student as outlined in the Academy’s catalog), diving station space, handouts, recompression chamber, and instruction in the course outline in the program designated for the period indicated. The Academy agrees to award the appropriate diploma and certificates and to provide assistance in locating employment as outlined in the Academy’s catalog after the student meets all requirements for the course completion. The Academy reserves the right to schedule subjects within the curriculum in the order deemed necessary and, if necessary, to change or revise class starting dates. Reasonable and appropriate substitutions in curriculum may be made by the Academy as deemed necessary. The Academy does not guarantee job placement.

**STUDENT PLACEMENT** – Students are assisted with placement and furnished names and addresses of employment possibilities. The Academy will assist the student with employment to the best of its ability, but cannot guarantee employment.

**METHOD AND TERMS OF PAYMENT** - The Academy has three payment plans available to the students attending the Air/Mixed Gas Commercial Diving program, please choose from one of the following: 1.\_\_\_\_ All charges are paid in two installments: 50% 6 weeks before start date and the remaining 50% due the 8th week of school. (Plan 1 covers financial aid and student loans and the Post 9/11 GI Bill.) 2.\_\_\_\_ Deposit of \$7,000 paid 6 weeks before start date and the rest of the balance due during the first week of classes 3. \_\_\_\_All charges paid in four installments: \$7,000 due 6 weeks before start date, remaining balance due 4th week, 8th week, and 12th week of the classes in 3 installments.

Late payment fee of \$25.00 is charged for all late payments, not exceeding \$75.00 total per term.

I have enclosed a check or utilized the attached credit card form in the amount of \$\_\_\_\_\_.

**STUDENT PERFORMANCE** – The student agrees to attend classes regularly, study diligently, and abide by the rules and regulations of the Academy. It is understood that failure by the student to attend class regularly, study diligently, or to abide by the rules and regulations of the Academy, as stated in its catalog, or as otherwise prescribed by the Academy, now or in the future, verbally or in written form, may result in immediate suspension or termination at the option of the Academy and the Academy will not be held responsible for the remaining portion of the course of instruction. It is understood that such rules and regulations to be imposed in the future will be reasonable and proper.

**REFUNDS** - Cancellation must be made in person or by certified mail. All money, excluding the registration fee, will be refunded if the applicant is not accepted by the Academy or if the student cancels within three (3) business days after the enrollment agreement and making initial payment.

Cancellation after the third (3rd) business day, but before the first day of class, will result in a refund of all money paid, with the exception of the registration fee. Cancellation after attendance has begun, but prior to 50% completion of the program, will result in a prorated refund computed on the number of days completed to the total program days. Cancellation after completing 50% of the program will result in no refund.

**TERMINATION DATE** - The termination date for refund computation purposes is the last date of actual attendance by the student unless earlier written notice is received. Refunds will be made within 30 days of termination or receipt of cancellation notice.

**WITHDRAWAL** – The withdrawal process is initiated in the Registrar’s Office. Students who are absent from the program for two consecutive weeks will be automatically withdrawn from the program, and will be refunded according to the refund policy, unless prior arrangements have been made with the administration. The student may withdraw at any time and the official date of withdrawal (for all purposes, including computing tuition refunds) shall be considered to have occurred on the last day of actual attendance, regardless of whether any written notice is received by the Academy.

**TRANSCRIPTS** – The Academy is authorized to request copies of the applicant’s high school, trade school and college transcripts.

**AGREEMENT** – Both sides of the Application for Enrollment constitute one Agreement.

This agreement shall not be binding until it is accepted in writing by the Academy. Upon acceptance by the Academy, this Application for Enrollment becomes an agreement whereby the following terms and conditions are understood and agreed to by the Academy and each party signing this Agreement.

**ARBITRATION AGREEMENT** - Any dispute arising from enrollment at the Academy, no matter how described, pleaded or styled, shall be resolved by binding arbitration by a single arbitrator under the Federal Arbitration Act conducted by the American Arbitration Association (“AAA”) at Jacksonville, Florida, under its Commercial Rules. All determinations as to the scope, enforceability of this Arbitration Agreement shall be determined by the Arbitrator, and not by a court. The award rendered by the arbitrator may be entered in any court having jurisdiction.

Student’s initial \_\_\_\_\_

(NOTE: NO PRIOR DIVING EXPERIENCE IS REQUIRED FOR ENROLLMENT.)

## GENERAL INFORMATION

1. DO YOU CONSIDER YOURSELF TO BE A GOOD SWIMMER? YES \_\_\_\_ NO \_\_\_\_
2. CAN YOU WORK WELL WITH YOUR HANDS? YES \_\_\_\_ NO \_\_\_\_
3. DO YOU POSSESS GOOD MECHANICAL ABILITY? YES \_\_\_\_ NO \_\_\_\_

**PERSONAL**

Name in Full (Please Print) \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security No. \_\_\_\_\_

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Address (Street & Number) \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Shirt Size: SM/MED/ LG/ XL/2XL/3XL (Circle One) Shoe Size: \_\_\_\_\_ DORMS? Yes \_\_\_\_\_ No \_\_\_\_\_ Open-Water Certified? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attended any other colleges? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Height (ft' in") \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_ Last Medical Examination \_\_\_\_\_

Country of Birth \_\_\_\_\_ Citizen of \_\_\_\_\_  
(Country)

Driver's License Number \_\_\_\_\_ State (Country) \_\_\_\_\_ Marital Status \_\_\_\_\_

Ethnicity: White (Non-Hispanic) \_\_\_\_\_ Black (Non-Hispanic) \_\_\_\_\_ American Indian \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_ Hispanic \_\_\_\_\_

Do You Have Any Physical Handicaps or Limitations? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe: \_\_\_\_\_

Name of Parent (or Legal Guardian) IF A MINOR \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

**EDUCATION AND BACKGROUND**

High School/GED \_\_\_\_\_ Attended \_\_\_\_\_ Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name, City & State From (MDY to MDY)

Trade School \_\_\_\_\_ Attended \_\_\_\_\_ Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name, City & State From (MDY to MDY)

Course Taken: \_\_\_\_\_

College: \_\_\_\_\_ Attended \_\_\_\_\_ Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name, City & State From (MDY to MDY)

Major Courses Taken: \_\_\_\_\_

Military Service \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Name of Service (If None, So Indicate)

**OCCUPATIONAL & WORK HISTORY**

Present Occupation \_\_\_\_\_ How Long? \_\_\_\_\_  
Indicate Title / Position

Employer \_\_\_\_\_  
Name of Company Street Address City State Zip

Former Employer \_\_\_\_\_  
Name of Company Title / Position How Long?

If Not Currently Employed, indicate employer of Father, Mother, or Spouse (Circle one) :

Employer \_\_\_\_\_  
Name of Company Title / Position How Long?

Address \_\_\_\_\_  
Street Address City State Zip

Acceptance of this Application by Commercial Diving Academy is at the sole discretion of the Academy.

**FOR THE PROTECTION OF ALL PARTIES, IT IS AGREED THAT NO AGREEMENTS OR PROMISES WERE MADE TO ME OTHER THAN THOSE SET FORTH IN THIS CONTRACT AND THE ACADEMY'S CATALOG, WHICH IS AVAILABLE TO BE DOWNLOADED ON OUR WEBSITE. I CONSENT AND AGREE THAT THE ACADEMY AND ITS AGENTS AND SUCCESSORS IN INTEREST MAY USE AND REPRODUCE MY NAME AND PHOTOGRAPH FOR ANY AND ALL PURPOSES IN ANY MEDIA. THIS CONTRACT, IN ADDITION TO THE CATALOG, SHALL BE THE BINDING AGREEMENT BETWEEN THE ACADEMY AND THE STUDENT. IN ADDITION, I HAVE READ THIS AGREEMENT AND I WILL RECEIVE A SIGNED COPY ON THE FIRST DAY OF SCHOOL.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT Date GUARDIAN SIGNATURE (UNDER 18) Date

APPROVED BY: \_\_\_\_\_  
School Representative Date

# COMMERCIAL DIVING ACADEMY QUESTIONNAIRE

8137 North Main Street, Jacksonville, Florida 32208  
Toll Free Phone 888-974-2232

Name \_\_\_\_\_

1. Gender (M) (F)
2. Age (18 to 20) (21 to 35) (36 to 40) (40 to 46) (46 and Older)
3. What is your marital status?  
(Single) (Married) (Married w/Children) (Single w/Dependent(s)) (Single Parent)
4. What is your current occupation? (School, Working) (Military) (Unemployed)
  - If unemployed, state when last employed \_\_\_\_\_
  - Do you have any experience in construction? (Yes) (No)
5. What special training, trait(s) or skill(s) do you have that make you a good candidate to attend CDA?  
\_\_\_\_\_  
\_\_\_\_\_
6. What is the principal or main reason you want to become a commercial diver?  
\_\_\_\_\_  
\_\_\_\_\_
7. What do you know about the commercial diving career and industry?  
\_\_\_\_\_  
\_\_\_\_\_
8. What is your salary expectation upon graduating from the Air/Mixed Gas Commercial Diving Program?  
(Minimum Wage) (\$30k to \$40k) (\$41k to \$60k) (\$61k to \$70k) (\$71k or more)
9. Many people recognize that each person prefers different learning styles and techniques. What type of "learner" would you best describe yourself?  
\_\_\_\_\_  
\_\_\_\_\_
10. On a scale of 1 to 5, with 1 being acceptable and 5 being excellent, how would you rate your:
  - Math skills? (1) (2) (3) (4) (5)
  - Listening skills? (1) (2) (3) (4) (5)
  - Classroom learning skills? (1) (2) (3) (4) (5)
11. Do you have a learning disability (or disabilities)?  
\_\_\_\_\_

12. Do you take any medications, including over-the-counter ones? (Yes) (No)

- If yes, please write the medication(s) exactly as they are listed on the prescription bottle:

\_\_\_\_\_

13. Do you have any medical conditions? (Yes) (No)

- If yes, please list: \_\_\_\_\_

14. How comfortable are you in the water? \_\_\_\_\_

15. How do you feel in confined spaces? \_\_\_\_\_

16. The Air/Mixed Gas Commercial Diving Program is an accelerated & fast-paced course that demands a lot of focus and academic commitment. How many hours a day will you commit to studying? \_\_\_\_\_

17. Commercial diving is a traveling career; so with that in mind, how do you feel about being away from home for prolonged periods of time? \_\_\_\_\_

\_\_\_\_\_

18. If accepted to CDA, do you plan to reside in the dorm? (Yes) (No)

If so, how do you feel about living in a barracks-style dorm with several other students?

\_\_\_\_\_

19. Have you ever been away from home or from your support network for any length of time?

(4 Months or more) (Less than 4 Months) (Days or Weeks)

20. How would you feel about being away from home for long periods of time?

\_\_\_\_\_

\_\_\_\_\_

21. Considering that most jobs may be located away from your local area, would you be willing to relocate? (Yes) (No)

22. If yes, would there be any limitations or restrictions? (No) (Yes)

23. Have you ever being convicted of a felony, including adjudication withheld or 'no contest'? (Yes) (No)

- If yes, please list: \_\_\_\_\_

24. Any convictions other than felonies? (Yes) (No)

- If yes, please list: \_\_\_\_\_

25. Have you ever being arrested for any drug and/or alcohol-related offense? (Yes) (No)

- If yes, please list: \_\_\_\_\_

26. Are you currently on any type of probation or parole? (Yes) (No)

27. How do you plan to finance the course? \_\_\_\_\_

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Please fill out this Medical History form and return it to CDA if you plan to obtain your physical on the first day of school.

Please contact Admissions for the Physical Forms if you plan to obtain the physical with your own UHMS-certified physician.

**MEDICAL HISTORY**

Do you now have, or have you ever suffered from, any of the following?			
	NO	YES	If "Yes", give details, including date(s) (month and year)
• Dental bridgework/plates			
• Facial pain			
• Allergies			
• Hayfever/allergic rhinitis			
• Sinus trouble			
• Nasal obstruction			
• Frequent or severe nosebleeds			
• Difficulty clearing ears when flying or diving			
• Ruptured eardrum			
• Ear infections			
• Hearing problems or hearing loss			
• Ringing in the ears			
• Dizziness			
• Persistent/chronic cough			
• Shortness of breath or trouble breathing			
• Wheezing, asthma			
• Wheezing on breathing cold air/exercising			
• Lung problems requiring inhalers/puffers			
• Bronchitis, pneumonia, or pleurisy			
• Tuberculosis			
• Pneumothorax/collapsed lung			
• Heart trouble or chest pain			
• Irregular/pounding heartbeat			
• High or low blood pressure			
• Blood vessel or circulation problems (including hands and feet)			
• Anemia, blood disorder, bleeding problems			
• Sea or other motion sickness			
• Frequent heartburn, indigestion			
• Peptic (gastric or duodenal) ulcer			
• Hiatus hernia			
• Frequent diarrhea			
• Blood/mucus in stool			
• Inflammatory bowel disease			
• Jaundice or hepatitis			

Figure B.1 (Continued)

**MEDICAL HISTORY** (Continued)

Do you now have, or have you ever suffered from, any of the following?			
	NO	YES	If "Yes", give details, including date(s) (month and year)
• Thyroid or glandular trouble			
• Diabetes			
• Kidney disease (including kidney stones)			
• Broken bones/dislocated joints			
• Rheumatism, arthritis, gout			
• Back injury or disease			
• Hernia (inguinal or umbilical)			
• Severe or frequent headaches			
• Migraines			
• Head injury or concussion			
• Fainting spells, blackouts			
• Convulsions, fits, seizures, or epilepsy			
• Muscle weakness, numbness/tingling			
• Neurological disease			
• Eye disease/injury/surgery or visual problems			
• Colour blindness			
• Skin trouble			
• Insomnia, nightmares, or sleepwalking			
• Nervous breakdown			
• Depression, mania, bipolar disorder			
• Marked anxiety or panic attacks			
• Claustrophobia			
• Fear of open spaces or heights			
• Alcohol or street drug problems			
• Heat or cold-related illness			
• Altitude illness			
• Other serious injury, illness or disease			
<b>HAVE YOU EVER:</b>			
• been hospitalized?			
• had any surgery?			
• been refused or left employment for medical reasons?			
<b>ARE YOU:</b>			
• Currently seeing a doctor for any problems?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, give details _____			
• Pregnant (or likely to be)?		<input type="checkbox"/> No <input type="checkbox"/> Yes	

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Number
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(Continued)

**Figure B.1 (Continued)**

**PERSONAL HISTORY**

List physically active recreational pursuits (other than diving):

Do you now (or did you in the past year):	NO	YES	If "Yes", give details, including what, when, how much, how often (daily, weekly, or monthly), and whether or not used before or between dives
• Smoke?	<input type="checkbox"/> never <input type="checkbox"/> quit (when) _____		
• Drink alcohol?			
• Take medicines prescribed by a doctor?			
• Take medicines bought without a prescription (over the counter)?			
• Use recreational/street drugs?			

**DIVER'S DECLARATION**

1) I declare that the contents of this form are accurate with regard to my history and present condition.

2) I authorize the release and exchange of relevant medical information between my family doctor, any examining doctors, and the provincial OHS authority for the purpose of determining my medical fitness to dive.

3) I authorize the release of this examination and classification of my medical fitness to dive to the provincial OHS authority.

Signature of Diver	Date
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**COMMENTS (for doctor's use only)**

**Figure B.1 (Continued)**



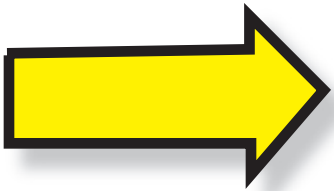
## 2012 CLASS START DATES

- CLASS 0112: START MONDAY January 2nd, 2012  
GRADUATE FRIDAY May 25th, 2012
- CLASS 0212: START MONDAY January 30th, 2012  
GRADUATE FRIDAY June 22nd, 2012
- CLASS 0312: START MONDAY February 27th, 2012  
GRADUATE FRIDAY July 20th, 2012
- CLASS 0412: START MONDAY April 2nd, 2012  
GRADUATE FRIDAY August 24th, 2012
- CLASS 0512: START MONDAY April 30th, 2012  
GRADUATE FRIDAY September 21st, 2012
- CLASS 0612: START TUESDAY May 29th, 2012  
GRADUATE FRIDAY October 19th, 2012
- CLASS 0712: START MONDAY June 25th, 2012  
GRADUATE FRIDAY November 16th, 2012
- CLASS 0812: START MONDAY July 30th, 2012  
GRADUATE FRIDAY December 21st, 2012
- CLASS 0912: START MONDAY August 27th, 2012  
GRADUATE FRIDAY February 1st, 2013
- CLASS 1012: START MONDAY September 24th, 2012  
GRADUATE FRIDAY March 1st, 2013
- CLASS 1112: START MONDAY October 22nd, 2012  
GRADUATE FRIDAY March 29th, 2013
- CLASS 1212: START MONDAY November 26th, 2012  
GRADUATE FRIDAY May 3rd, 2013

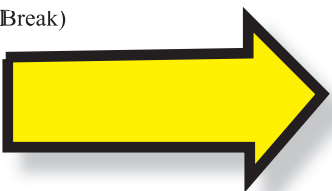
### School Vacations

The weeks of: March 26th, July 23rd, Nov. 19th, Dec. 24th;  
Holidays: May 28th, July 4th, Sep. 3rd.

(On Break)



TO ENROLL, REMOVE THESE FORMS;  
COMPLETE AND RETURN THEM TO THE ACADEMY  
8137 NORTH MAIN STREET JACKSONVILLE, FLORIDA 32208  
ATTN: ADMISSIONS DEPT.



To use form, cut along line

# Application Registration Fee Payment

I, (name) \_\_\_\_\_ hereby authorize Commercial Diving Academy to change my card (details below) for \$100.00 for Application/Registration Fee for enrolling in Air/Mixed gas Commercial Diver Training.

Card Type: (circle one) VISA American Express Mastercard Discover Other \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If Paying by CHECK or MONEY ORDER please attach it to this form.