



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-frauenfeld _____ 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.

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)