Eye to Eye Shark Dive Program
Special Assistance Request

For more information about the program, please visit: www.pdza.org/dive
If special assistance or accommodation may be required for you to join the program, please complete this form and return it to us as far in advance of the program as possible.

Directions: Please complete as many of the fields as possible. Attach additional pages if necessary. Assistance completing this form is available.

Return to:
Point Defiance Zoo & Aquarium
Dive office email contact: Heidi.Wilken@pdza.org
Attn: Dive Officer (Aquarium)
5400 N Pearl Street
Tacoma, WA 98407

Participant
Name: ____________________________
Phone: ____________________________
Email: ____________________________

Contact Person/Parent/Guardian
Name: ____________________________
Phone: ____________________________
Email: ____________________________

Please circle one: NON CERTIFIED DIVER PROGRAM
Personal goal for program: _______________________________________________________
What medical condition (s) does the participant have? ________________________________
Do the conditions cause: Respiratory Effects YES/NO Seizures YES/NO
What specific help can we provide? i.e. Transfers, contact ratio, gear modifications, entrance/exit procedures?
_____________________________________________________________________________
Does the caregiver need to be close to the participant? ________________________________
Other info: _________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

* Guardian Signature: ____________________________ Date: ____________________________
* Participant Signature: ____________________________ Date: ____________________________

It is our intention to include as many people in our program as possible, but specific conditions may exclude participants because of safety concerns or reasonable modifications to our procedures

_____________________________________________________________________________

OFFICE USE:
Person Taking Request (i.e., customer service representative): _________________________
Date Received: ____________ Request grantable: YES/NO
Date of Program: ______________ Arrangements made: _____________________________
Participant Contacted: __________________________________________________________