

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: _____