



AIDA4 MASTER FREEDIVER COURSE COMPLETION FORM

Each section must be signed and dated by an ACTIVE AIDA Instructor. To continue training, any new section must be begun within twelve months of the most recent signature on the form.

	Name:			AIDA3 or C/O : <input type="checkbox"/>	DOB (Age):
	Training unit	Date	Instructor	Comments	
CLASSROOM	Medical Statement				
	Liability Release				
	1st aid (CPR) copy				
	Full body stretching				
	Lung stretching				
	Exam (Score: ___ / 100)				
CONFINED WATER	STA Coaching				
	STA \geq 3'30" / ___'___"				
	STA Rescue				
	DYN \geq 70m / ___m				
	DYN Finning				
	DYN Safety \geq 70m				
	DYN Training session				
	DYN: Rescue				
OPEN WATER	Line setup / knots				
	FRC				
	Mouthfill				
	FRC + Mouthfill				
	Loss of 1 fin -20m				
	Loss of mask -20m				
	VW (optional)				
	CWT \geq 32-38m / ___m				
	Rescue -20m				
	Rescue -15m (1 fin)				
	Tow \geq 50m to boat/shore				

Course Completed

Place: _____
Date: _____

Student

Name: _____
Signature: _____
Parent/Guardian: _____
Signature: _____

Certifying Instructor

Name: _____
Signature: _____