



Non-Diving Class Roster

Recertification
Refresher

Class Name _____ Department _____

Instructor _____ Date of Class _____ Class Location _____

*Photo Release: By participating in or attending any activity in connection with this program, whether on or off premises, I consent to the use of any photographs, pictures, film, sonar images or video taken of me or provided by me for training, publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same. **Print your name as you would like it to appear on your certificate.**

1. Name _____ Shore Support Only
 Department _____ Initial for photo release _____ Exam Score _____
 Phone _____ Home Work Cell Email _____
 Address _____ City _____ State _____ Zip _____ Home Work

2. Name _____ Shore Support Only
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16. Name _____ Shore Support Only
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17. Name _____ Shore Support Only
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18. Name _____ Shore Support Only
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19. Name _____ Shore Support Only
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Phone _____ Home Work Cell Email _____
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20. Name _____ Shore Support Only
Department _____ Initial for photo release _____ Exam Score _____
Phone _____ Home Work Cell Email _____
Address _____ City _____ State _____ Zip _____ Home Work