



AIDA2 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:			DOB:	Age:
	Training Unit	Date	Instructor	Comments	
CLASSROOM	Medical Statement				
	Liability Release				
	Exam(Score: ___ / 100)				
CONFINED WATER	Snrkl 300m or Swim 200m				
	Relaxation				
	Breathing				
	STA Buddying				
	STA \geq 2'00" ___' ___"				
	STA Rescue				
	DYN Buddying				
	DYN Finning				
	DYN \geq 40m ___m				
	DYN Rescue				
OPEN WATER	FIM				
	Lanyard Q/R(Optional)				
	Controlled Turn				
	Equalization				
	Duck dives				
	CWT Body positioning				
	CWT Line orientation				
	CWT Finning				
	CWT Buddying				
	CWT 16-20m ___m				
	Surface rescue				
	Rescue 5-10m				

Course Completed

Place: _____

Date: _____

Student

Name: _____

Signature: _____

Parent/Guardian: _____

Signature: _____

Certifying Instructor

Name: _____

Signature: _____