



SCUBA DIVING REGISTRATION



1. AREA ROUND VALLEY RECREATION AREA DATE _____
2. APPLICANT NAME _____
3. ADDRESS _____
4. TELEPHONE NO. _____ DATE OF BIRTH _____
5. EMERGENCY CONTACT PERSON AND PHONE NUMBER: _____
6. CERTIFICATION _____ STUDENT NO. _____
7. DRIVERS LICENSE NO. _____ STATE _____
8. VEHICLE MAKE _____ LICENSE PLATE NO. _____ STATE _____

IN ADDITON TO THE PARK REGULATIONS, PLEASE SEE SCUBA DIVING REQUIREMENTS ON BACK. BY SIGNING THIS PERMIT YOU ARE AGREEING TO COMPLY WITH PARK REGULATIONS AND SCUBA DIVING REQUIREMENTS. VIOLATIONS OF THESE CONDITIONS ARE SUBJECT TO REVOCATION OF DIVING PRIVILEGES AND/OR SUMMONS.

SCUBA DIVING HOURS:

10:00 AM – 2:00 PM: APRIL, MAY AND OCTOBER

8:00 AM – 4:00 PM: SATURDAY OF MEMORIAL DAY WEEKEND TO SEPTEMBER 30

*DRIVER'S
LICENSE
OR
OTHER FORM OF I.D.*

*DIVER'S
CERTIFICATION*

PARK OFFICE PHONE NUMBER: 908-236-6355

APPLICANT SIGNATURE

DATE

ISSUED BY

N.J. Department of Environmental Protection • N.J. Division of Parks & Forestry