

**FORCES SUB-AQUA CLUB
MEMBERSHIP FORM**

New Membership:

Renewing Membership:

Name as it appears on your passport:

First Name:	Middle Name:	Last Name:	DOB (dd/mm/yy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address:	City:	Province:	Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone (ext)	Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email 1	Email 2		
<input type="text"/>	<input type="text"/>		

If you plan on diving with the Forces Sub Aqua Club in the United States, please provide your passport number:

Scan Included YES NO

Passport number	Expiry date (dd/mmm/yy)	Citizenship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please select one of the following membership type:

	Single	Family
Regular Members (serving and retired military)	<input type="checkbox"/> \$40	<input type="checkbox"/> \$60
Ordinary Members (excl. FPF, O.H.T.E., R.U.R.)	<input type="checkbox"/> \$45	<input type="checkbox"/> \$65
Associates (Others)	<input type="checkbox"/> \$50	<input type="checkbox"/> \$70

Highest Level of Certification:	DAN Number: If you are a member please provide for our files
<input type="text"/>	<input type="text"/>

NOTE: a copy of your dive certification must be attached to new memberships.

Number of dives the previous year:	Number of dives lifetime:
<input type="checkbox"/> 0 - 10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26 - 49 <input type="checkbox"/> 50 +	<input type="checkbox"/> 0 - 10 <input type="checkbox"/> 11-25 <input type="checkbox"/> 26 - 49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100+

Emergency Contact or Next of Kin (NOK) information

Name:	Relationship:
<input type="text"/>	<input type="text"/>

Phone Number:	Alternate Phone Number:
<input type="text"/>	<input type="text"/>

Address:

STATEMENT OF UNDERSTANDING AND RELEASE FOR MEMBERSHIP IN THE CF SCUBA CLUB – FORCES SUB AQUA CLUB

I, _____, understand that I am financially responsible for the replacement value of any and all club equipment provided to me on a rental basis and/or to me temporarily for any training requirement. Should the club equipment under my control be lost, stolen, or otherwise damaged, I agree to replace/repair the equipment at retail value at my own expense within thirty days of the loss or damage.

I, the applicant, understand that I am responsible to be conversant with and abide by the orders, regulations, procedures and/or guidelines of the Canadian Forces, my certifying diving agency(ies) and the FORCES SUB AQUA CLUB that may govern my participation in activities conducted by the club. Particular attention has been paid to the regulations and procedures detailed in PERSONNEL SUPPORT PROGRAMS - POLICY MANUAL. This Policy can be found at http://fsacscuba.club/docs/130712-UU-1000-PSP_PolicyManual_En.pdf

I, the applicant, do hereby release, indemnify, and save harmless the FORCES SUB-AQUA CLUB, its sponsors, executive, individual members, or agents from all or any claims for loss, death, injury, damage, or other causality to persons and property while participating in or travelling to and from any club activity which I, or any person claiming through me or on my behalf, may at any time have arising out of or connected with the participation of the club activities.

Applicant's Signature

Date

Parent/Guardian Signature (if a minor)

Witness's Signature

Please read the following and enter your initials beside each major heading in the space provided to indicate as having read, and sign and date in the space at the bottom.

_____ **Acknowledgement and Assumption of Risk.** I understand that scuba diving involves risk of injury that can result in discomfort, suffering, permanent disability, and even death. I understand that diving related injuries such as decompression sickness and pulmonary barotrauma/arterial gas embolism can result in serious and permanent mental and/or physical disabilities and death. I understand that pressure related injuries can cause visual or hearing impairments. I understand that such injury can occur even at shallow depths. I hereby state that I am knowledgeable of the risks associated with scuba diving and I accept these risks. I understand that swimming and scuba diving also expose me to the risk of near drowning or death by drowning. I further understand that ultimately I must and will assume responsibility for my personal actions during participation in scuba diving and related activities.

_____ **Maintain Medical and Physical Fitness for Diving.** I understand that it is my responsibility to establish a personal medical examination schedule with my physician in order to ensure that I am medically qualified to participate in scuba diving in future years. I further understand that it is my personal responsibility to maintain a level of physical fitness that is acceptable to meet the physical demands that I might encounter while scuba diving.

_____ **Maintaining Swimming and Diving Skill.** I understand that swimming and scuba diving skill proficiency deteriorates during periods of inactivity and absence from diving and that such deterioration can compromise safety in the aquatic environment. I further understand that it is my responsibility to personally maintain swimming and diving skills through active participation in scuba diving, personal proficiency maintenance programs, continuing diving education, and/or periodic skill refresher programs. I also understand that it is my responsibility to inform the diving guide or dive master and my buddy if I have been absent from diving for more than six (6) months.

_____ **Use of Dive Tables and Dive Computers.** I hereby acknowledge that I have learned to use dive tables according to my diving training agency and understand that each table imposes different depth and time limits. I understand that there are many personal and daily physiological factors that can alter my body's capacity to absorb and eliminate inert gas and that no existing dive table or computer can assure absolute 100% protection from decompression sickness and I should dive conservatively when circumstances so merit.

_____ **Illness.** I understand that I can place myself and others at risk by diving with a respiratory infection, congested lungs, after effects of alcoholic/drug consumption, severe illness, and other medical problems that might compromise my personal well-being or performance and that it is my responsibility to not dive under such conditions. I further understand that it is my responsibility to seek the advice of a physician as to whether I should or should not use scuba if I have any questions relative to my health. I also understand that I must obtain approval from my physician before returning to diving after any major illness, injury or surgery.

_____ **Equipment.** I understand that it is my responsibility to assure that all items of equipment that I intend to use for any given dive are operational and free of obvious malfunction. I further understand that it is my responsibility to use and maintain all items of equipment that I may purchase in accordance with the manufacturer's guidelines and requirements as stated in manuals and literature that comes with the equipment.

_____ **Diving in Unfamiliar Environment.** I understand that upon the completion of my open water diving training, I will be familiar with only the environment in which I was training. I further understand that it is my responsibility to obtain additional instruction, participate in an environmental orientation program, or, at least, dive under the direct leadership of an experienced and competent diver when I plan to dive in new environments (environments for which I have no specific training or experience).

_____ **Monitoring New Development and Maintaining General Knowledge.** I understand that procedures for use of dive tables, dive computers, first aid, flying after diving, and other factors related to operational diving may be modified by findings of new research and operational experience. I understand that it is my responsibility to stay abreast of new developments through reading diving related periodicals and/or participating in periodic refresher or continuing education courses. I further understand that my ability to use dive tables and remember specific procedures related to safe diving may deteriorate with time and absence from diving and that it is my responsibility to maintain an appropriate level of knowledge to assure safer participation in diving.

_____ **Right of Refusal to Dive.** I understand that it is ultimately my responsibility to identify my personal limitation with regard to depth, environment, and diving activity. I further understand that it is my personal responsibility to refuse to dive under any conditions that I feel are unsafe, represent unacceptable risk to myself or others, or exceed the level of my experience, training, and equipment.

_____ **Open Water Training.** I understand that it is my responsibility to complete the appropriate level of training prior to participating in diving activities that are beyond my level of training.

_____ **Hyperbaric Treatments.** I understand that some injuries associated with scuba diving may require treatment in a hyperbaric (recompression) chamber.

Signature

Date

Printed Name



Scuba Diving

FORCES SUB AQUA CLUB

CFSU OTTAWA

Waiver of Liability, Assumption of Risks, and Indemnification Agreement

***A separate document must be signed by, or on behalf of, each participant.*

Assumption of Risks:

a. I _____, acknowledge that my attendance at or participation in this physical activity or event: Scuba Diving Club- **Forces Sub Aqua Club, CFSU Ottawa, Ottawa, ON** carries with it certain inherent risks and dangers that can not be eliminated regardless of the care taken to avoid injuries.

b. I acknowledge that the inherent risks associated with this activity/event include, but are not limited to: Being struck by an object (rock, boat, branch, fish, participant and natural object, etc), being lost in unknown territory, frostbite, sunburn, dehydration, hypothermia; loss of eyesight, physical exertion up to heart attack, slip and fall, head injury, asphyxiation, burn by cold, allergy reaction to insect, chemical material and equipment, broken bone, sprain, cut and abrasion, encounter with domestic or wild animal, serious bodily injury such as permanent disability, paralysis or death, air expansion injuries and drowning. _____ **(initials)**

c. I have read the foregoing and I understand the physical demands this activity/event presents and the inherent risks associated thereto and affirm that to the best of my knowledge, my physical condition (or that of my minor participant) is adequate for me (or my minor participant) to participate safely. My participation (or that of my minor) in or attendance at this activity/event is voluntary and by signing below I knowingly and completely assume the foregoing risks.

Waiver of Liability:

In consideration of my participation in or attendance at this activity or event, **I**, on behalf of myself, personal representatives, heirs, spouse, children or assigns, do **hereby waive, release and forever discharge** Her Majesty the Queen in Right of Canada, Her officers, servants, agents, employees and members of Her Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Personnel Support Agency, its officers, servants, agents and employees, from and against all claims and demands, loss, costs, damages, actions, causes of action, suits or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to my acts or omissions resulting from my participation in or attendance at this activity/event.



Indemnification and Hold Harmless

I also hereby **agree to indemnify and save harmless** Her Majesty the Queen in Right of Canada, Her officers, servants, agents, employees and members of Her Canadian Forces, Staff of the Non-Public Funds and the Canadian Forces Personnel Support Agency, its officers, servants, agents and employees, from and against all claims and demands, loss, costs, damages, actions, causes of action, suits or other proceedings by whomsoever made, brought, or prosecuted in a manner, related to any loss, property damage, personal injury or death, resulting from, occasioned by or attributable in any way to my acts or omissions resulting from my participation in or attendance at this activity/event.

Acknowledgment and Understanding

I acknowledge having read this assumption of risks, waiver of liability and indemnity agreement, including the description of the inherent risks associated with the activity or event and understand that this Agreement is intended to be broad and all inclusive so as to preclude any claims and that I have the legal capacity to sign, or if I am a minor, have discussed fully with my parent or guardian.

Participant's name (print please)	
Participant's signature	
Date	
Parent's/Guardian' signature	
Date	
(required also if participant is a minor) Witness' signature	
Date	





MEDICAL STATEMENT

Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by _____ and
Instructor
_____ located in the
Facility
city of _____, state/province of _____.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

- ____ Could you be pregnant, or are you attempting to become pregnant?
- ____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- ____ Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

- ____ Asthma, or wheezing with breathing, or wheezing with exercise?
- ____ Frequent or severe attacks of hayfever or allergy?
- ____ Frequent colds, sinusitis or bronchitis?
- ____ Any form of lung disease?
- ____ Pneumothorax (collapsed lung)?
- ____ Other chest disease or chest surgery?
- ____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- ____ Epilepsy, seizures, convulsions or take medications to prevent them?
- ____ Recurring complicated migraine headaches or take medications to prevent them?
- ____ Blackouts or fainting (full/partial loss of consciousness)?
- ____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- ____ Dysentery or dehydration requiring medical intervention?
- ____ Any dive accidents or decompression sickness?
- ____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- ____ Head injury with loss of consciousness in the past five years?
- ____ Recurrent back problems?
- ____ Back or spinal surgery?
- ____ Diabetes?
- ____ Back, arm or leg problems following surgery, injury or fracture?
- ____ High blood pressure or take medicine to control blood pressure?
- ____ Heart disease?
- ____ Heart attack?
- ____ Angina, heart surgery or blood vessel surgery?
- ____ Sinus surgery?
- ____ Ear disease or surgery, hearing loss or problems with balance?
- ____ Recurrent ear problems?
- ____ Bleeding or other blood disorders?
- ____ Hernia?
- ____ Ulcers or ulcer surgery ?
- ____ A colostomy or ileostomy?
- ____ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature Date

Signature of Parent or Guardian Date

NOTE: Adding your e-signature here will lock the form from further editing