

# FORCES SUB-AQUA CLUB MEMBERSHIP APPLICATION FORM

First Name	Last Name	Birth Date (DD/MM/YYYY)	
Home Address	City	Province	Postal Code
Home Phone	Work Phone	Extension	Mobile Phone
Email Address		Citizenship	
Second Email Address			

If you plan to dive with the Forces Club in the United States please provide your Passport number or your D/L number below.

Please select one of the following:

**Membership:**

**Sevign Military and Families**

**Retired Military and Families**

**DND and Public Servent Employees**

**Other**

**Single**

\$40

\$40

\$45

\$50

**Family**

\$60

\$60

\$65

\$70

**NOTE:** Medical questionnaire and a copy of your dive certification must be attached to renewal form.

**Highest Level of Certification:**

**Number of dives lifetime:**

0 - 10     11 - 25     26 - 49     50 - 99     100+

**Number of Dives the previous year:**

0 - 10     11 - 25     26 +

DAN Number:

If you are a member of the Divers Alert Network, please provide your membership number for our record.

**Emergency Contact or Next Of Kin (NOK) Information**

Name	Relationship	NOK Phone Number	
Address	City	Province	Postal Code

**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 NEW INTERIM CF RECREATION SCUBA CLUB POLICY - CANFORGEN 143/04. This Policy can be found at [WWW.CFPESA.COM/EN/PSP/RECREATION/SCUBAPOLICY\\_E.ASP](http://WWW.CFPESA.COM/EN/PSP/RECREATION/SCUBAPOLICY_E.ASP)

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