

Flinders University Underwater Club – Membership Form - www.underwater.flindersclubs.asn.au

Personal Information *Please write legibly!*

Member No.: _____

Name: _____ *Under 18 years of age? yes / no

Address: _____ Postcode: _____

Phone: Mobile: _____ Home: _____ Work _____

E-mail: _____ I would like to receive weekly Club e-mails
(do not tick if you're already receiving them)

Membership Details

Undergraduate/postgraduate of _____ University. Student No. _____

Other (staff, graduate, member public, please state) _____

How did you find out about the club? _____

Certification Information

Certification Level (i.e. Open Water): _____ Training Agency (ie PADI): _____

Certification/Diver Number: _____ Certification Date: _____

No. of dives (approx.): _____ Most Recent Dive (months): _____ Location: _____

Medical Information

Some of the locations that FUUC dives can present conditions that may be challenging. Divers may be subject to large swell, strong currents and underwater surge. Divers must be medically fit to dive. If you have experienced any changes in your health since your last dive medical, FUUC strongly recommends seeking the advice of a medical practitioner who is trained to perform diving medical examinations to confirm that you are medically fit to dive. A list of practitioners and further information is available via www.spums.org.au. If you have any allergies (i.e. penicillin), advise your dive buddy and the dive organiser on the day of the dive. FUUC recommends regular medical examinations (every 3 years if under 50) and taking out DAN dive injury insurance (see <http://www.danasiapacific.org/>).

I am medically fit to dive and will dive within my personal limits (Please initial or sign here:) _____

Emergency Contact Details - Please advise FUUC if these details change

Name: _____

Address: _____ Postcode: _____

Telephone: Mobile: _____ Home: _____ Work: _____

Relationship to You: _____ (Any other contact/phone _____)

Declaration

I declare that the information given is accurate, and authorise the Flinders University Underwater Club to supply the information to the relevant people in case of a medical emergency. I will also be held responsible for ANY LOSS OR DAMAGE to the Flinders University Underwater Club's SCUBA equipment that I hire (not including normal wear and tear). Any damaged or malfunctioning equipment will be reported to the club on return of the equipment. I will return any hired equipment from the Club in a CLEANED CONDITION, and I am aware that I may be FINED A CLEANING FEE EQUAL TO THE HIRING FEE for any equipment returned unwashed. I am also aware that I will be charged for late return of gear, unless permission has been granted by the equipment officer. I have read and understood the club's Member Protection Policy (available via the club website and at the clubrooms), and I shall abide by its terms and conditions.

I understand and will abide by these conditions. Signed _____ Date ____/____/____

*Countersigned by parent/guardian if applicant is under 18 years: _____ Relationship _____

Office Use Only (Doc V2.05a)

Electronically Entered by Club Secretary

Date ____/____/____ Receipt No. _____ Fee \$ _____ Member No. _____ Signed _____

Qualifications completed & sighted Fit to dive / Emerg. details Student card sighted (if applic.)

Note: Membership sticker MUST NOT be issued unless ALL of the above has been ticked & completed.