



# TASMANIAN SCUBA DIVING CLUB

## APPLICATION FORM

<b>NAME:</b>	<b>Mobile</b>	
<b>ADDRESS:</b>	<b>HOME PH:</b>	<b>DOB:</b>
<b>EMAIL:</b>	<b>EMERGENCY CONTACT</b>	

<b>Experience</b>			
Year first qualified	Total No. of dives	Date of last Dive	Maximum depth
<i>Type of Dive Experience (please estimate number of dives of each type performed, if you can't remember, just approx)</i>			
Boat	Night	Drift/current/tidal stream	Deep (>30M)
Low vis	Staged Deco dive	Cave/ wreck penetration	Technical or Enriched Air

<b>Qualifications:</b>	<b>Details of Course and Agency</b>	<b>Qualifications:</b>	<b>Details of Course and Agency</b>
Entry Level Qualification (eg, PADI Open Water)		Advanced (eg, Advanced Open Water)	
Master Diver Units (eg, PADI Deep, Rescue, Deco)		Divemaster/ Assistant Instructor/ Instructor	
Enriched Air, Technical (eg, PADI Nitrox, Trimix, Rebreather)		Other	

*Please include photocopies of at least your basic dive qualifications with this application form*

<b>OTHER BOAT, RADIO AND SAFETY QUALIFICATIONS</b>		<b>DIVING INTERESTS (eg, favourite sites or activities)</b>	
--	--	---	--

### **MEDICAL STATEMENT**

I have satisfactorily passed a diving medical examination establishing that I am fit to dive and this examination is current in accordance with the time requirements of the training organisation with which I obtained my dive qualification. I acknowledge that it is my responsibility to ensure that my diving medical examination remains current within those requirements while I am participating in dives organised by the club.

### **IMPORTANT STATEMENT OF UNDERSTANDINGS**

I understand that diving is a potentially dangerous activity and I realise that I must act in a responsible manner at all times. I agree to comply with club rules and the instructions of dive coordinators. I understand that this club is an association of amateur divers, and that I am solely responsible for my own equipment and personal safety. I agree that, to the maximum extent permissible by law, I will not hold the club (or any club members) responsible for my death, injury or damage to my property which may occur during or as a result of my participation, viewing or assisting in any competition or event organised or undertaken by the club, whether such death, injury or damage to property be caused by the negligence of any member or agent of the club, or any other cause whatsoever.

**SIGNED**..... **DATE**..

**WITNESS**..... **DATE**...

**NOTE:** If you are under 18 years of age, get your parent or guardian to sign as witness, to state that they understand the above statement and allow you to join and participate in club events without restrictions.

<b>NOMINATED BY CLUB MEMBER</b>	<b>SECONDED BY CLUB MEMBER</b>	<b>QUALIFICATION SIGHTED:</b>
Name	Name:	
Signature	Signature	