



NIAGARA DIVERS' ASSOCIATION MEMBERSHIP APPLICATION

NOTE: You **MUST** read the current Rules & Regulations and Policy & Procedures of the Club **BEFORE** completing and **SIGNING** the Statement of Understanding!!

a) Full Membership Diving may be taken by all persons 16 years of age or over who are certified divers. This includes NDA membership, OUC membership, Insurance and all club privileges (voting, BOD, etc.).

b) Full Membership Diving with OUC Insurance already paid may be taken by persons already an OUC member through another club or organization 16 years of age and over who are certified divers at the rate of one half the current Full Membership fee. Person will provide current OUC insurance number.

c) Full Membership Non-diving may be taken by all persons 16 years of age or over who are either non-divers or certified divers not partaking in Club dives (\$30.00). This includes NDA membership and all club privileges except diving. No OUC membership or insurance. Non- active certified divers may upgrade to Diving Status by paying difference in membership fee.

Name			Membership Type (a,b,c)		If b), OUC #	
Application Date	Street Address		Town	Prov /State	Postal / Zip	
Date of Birth	Home Phone	Work Phone	Cell Phone	Email Address		
Please DO NOT Fill in this Line	New	Renew	Dues \$	Date Paid	Waiver	
MEDICAL INFORMATION & EMERGENCY CONTACTS (AT TWO DIFFERENT LOCATIONS, PLEASE)						
Emergency Contact Name 1		Phone #1	Emergency Contact Name 2		Phone #2	
Health Card (OHIP)	D.A.N. Member #		Blood Type		Last Diving Medical	
Other Medical Coverage			Known Allergies or Medical Conditions			
Certifications & Experience						
Certifying Agencies						
Highest Level						
Date Certified						
C-Card Number						
Years Diving	Number of Dives		Deepest Dive		Longest Dive	

NIAGARA DIVERS' ASSOCIATION

STATEMENT OF UNDERSTANDING

NOTE: ALL PARAGRAPHS MUST BE INITIALED BY THE DIVER

I, _____ hereby confirm that I have read, understand and agreed to abide by the Niagara Divers' Association Rules and Regulations and Policies and Procedures when participating in any Club dive.

Initial

I also understand that scuba diving is a hazardous activity in which serious injuries and even fatalities occur. By participating in a Club dive, I acknowledge that I am voluntarily assuming the risk with full knowledge of the dangers inherent in this type of activity.

Initial _____

I agree to engage only in the type of diving for which I am certified by a recognized training agency.

Initial _____

I am also aware that some of the sites selected for Club dives are located in remote areas where emergency medical treatment facilities, including hyperbaric chambers, are not easily accessible in terms of distance and/or time. Such facilities may be critical in the treatment of a dive-related injury.

Initial _____

I acknowledge that the Dive Co-ordinator appointed by the Niagara Divers' Association is not performing the duties of a Divemaster, regardless of whether or not he or she is certified to do so. I understand that the Dive Co-ordinator may restrict my diving activity at his or her sole discretion to ensure the safety and enjoyment of all divers participating in the Club dive. I agree to abide by the decisions of the Dive Co-ordinator on all Club dives in which I participate.

Initial _____

I hereby acknowledge that I voluntarily assume all risks relating to my participation in scuba diving activities organized by the Niagara Divers' Association. I and my executors hereby agree to waive any liability on the part of and to hold forever harmless the Niagara Divers' Association, its Executive, Dive Co-ordinators and members for any and all injuries and/or damages arising from any act or omission.

Initial _____

Diver's Signature _____ Date _____

Witness: _____ Date _____