

<b>GENERAL INFORMATION</b> (PLEASE PRINT CLEARLY)	GIVEN NAME (S)		LAST NAME							
	DATE OF APPLICATION	ADDRESS			TOWN	PROVINCE	POSTAL CODE			
	DATE OF BIRTH	PHONE # (HOME)		PHONE # (WORK)		EXT. #	E-MAIL ADDRESS			
<b>PLEASE DO NOT FILL IN THIS LINE</b>		NEW	RENEW	SINGLE	FAMILY	HEAD	ASSOC	DUES \$	DATE PAID	WAIVER

<b>MEDICAL INFORMATION &amp; EMERGENCY CONTACTS</b> (AT TWO DIFFERENT LOCATIONS, PLEASE)							
Emergency Contact NAME		PHONE #		Emergency Contact NAME		PHONE #	
1.				2.			
HEALTH CARD # (OHIP)		D.A.N. MEMBER #		OTHER EMERGENCY MEDICAL COVERAGE			
ANY KNOWN ALLERGIES OR MEDICAL CONDITIONS				BLOOD TYPE		LAST DIVING MEDICAL	



**Niagara Divers**

P.O.Box 28060  
600 Ontario Street.  
St Catharines, ON L2N 7P8

## 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** on the other side of this form!!

<b>CERTIFICATIONS &amp; EXPERIENCE</b>					
CERTIFYING AGENCIES					
HIGHEST LEVEL ATTAINED					
C-CARD NUMBER					
DATE CERTIFIED					
OTHER CERTIFICATIONS (INCL. FIRST AID, CPR, ETC.)					
CERTIFICATION DATE	# OF DIVES (APPROX.)	DEEPEST DIVE	LONGEST DIVE	EXPERIENCE IN: WRECK CAVE DRIFT DEEP NIGHT OTHERS	
<b>If referred by a current Niagara Divers' Association member please print name here:</b> _____					
FUTURE COURSES		CPR	DAN O <sub>2</sub>	FIRST AID	DEEP ADVANCED
		PHOTOGRAPHY	CAVE	WRECKS	NITROX
		EQUIPMENT	PROCEDURES	RESCUE	DIVE MASTER

# 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 \_\_\_\_\_