

Scarborough Underwater Club Inc.

Application for Membership/Renewal and/or Enrollment in Training Program

**2012
Membership**



This membership electronic form consists of 4 parts. It may be printed and filled in by hand, or completed as an electronic document, then printed and signed.

- Part 1 General Information
- Part 2 Recent Diving Experience: Self Declaration Form
- Part 3 OUC Limited Liability and Assumption of Risk
- Part 4 OUC Medical Statement:

Two Options for Membership/Renewal:

- Printed, hand filled and signed forms (+cheque) may be mailed to our P.O. Box or handed to an executive member.
- Electronically completed and signed forms may be emailed to: membership@suci.ca Fees can be paid by Interac e-transfer to treasurer@suci.ca

Part 1: General Information

Name: _____ Date of Birth: M ___ D ___ Y _____

Res. Tel. #: (_____) _____ - _____ Publish? Y: N: Bus. Tel. #: (_____) _____ - _____

Street Address: _____ Apt. #: _____

City: _____ Province: _____ Postal Code: _____

E-Mail address: _____ Publish? Y: N:

In case of emergency, notify: _____ Phone: (_____) _____ - _____

OHIP #: _____ (For Dive Master use only, in case of emergency.)

DAN #: _____ (If a member of Divers Alert Network.)

Course Enrollment (please check any/all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Open Water Scuba Diver | <input type="checkbox"/> Advanced Diver | <input type="checkbox"/> Rescue Diver |
| <input type="checkbox"/> Master Scuba Diver | <input type="checkbox"/> Dive Master | <input type="checkbox"/> Assistant Instructor |
| <input type="checkbox"/> Instructor | <input type="checkbox"/> Specialty | <input type="checkbox"/> Other |

Certification Information (if you are already a certified SCUBA Diver):

Certifying Agency: _____ Certification #: _____

Highest Level attained: _____ OUC Membership #: _____

Membership Fees: Fees may be paid by Interac e-transfer to treasurer@suci.ca

There are no initiation fees for new SUCI members, who must be 18 years of age or older.

Children of members aged 14 and older, may also become SUCI members.

For application or renewal of Membership, payment must accompany this application. Fees are:

\$95.00 for Primary Member, **\$65.00** for each Family Member, or **\$50.00** for each Associate Member.

Membership fees are due Jan 1st each year. A **\$5.00** discount will apply if fees are paid by Jan 31st.

Members not renewed by Jan 31st will be dropped from the membership roster.

Training Courses

Deposit: If you are enrolling in a course a 50% deposit (or payment in full) must accompany this application.

Documentation: Additional documentation must be completed prior to participating in the course.

Part 2:
Scarborough Underwater Club Inc., (SUCI)
Recent Diving Experience: Self Declaration Form



As part of the annual membership application, SUCI members must complete this declaration, if they plan to participate in SUCI dives. Each diver’s assessment of their experience during the previous 12 months will give a starting experience category of either A, B or C. Please sign the self-declaration below. This process is for your safety. Please be conservative.

Each SUCI dive will have an experience category (A, B or C) which is the minimum required for that dive. This ensures that club members do not commit to dives that present any degree of personal discomfort or risk.

The Instructor or Divemaster leading each dive has the responsibility to verify the skill and readiness of each diver as per normal diving practice and has the final word with respect to diver safety and who may participate in any given dive.

Guidelines for Answering Questions below:

Your starting “Recent Experience Category” will be determined by any tick mark to the left. For example, if you are able to mark 4 items in column C and 1 item in column B, your starting category will be B.

If you dive early in the season to gain experience to move that tick mark from B to C, then you will be able to book club dives that require a “Recent Experience Category” of C.

Definitions

Cold water necessitates that a diver wear a 7 mm wetsuit or more to ensure thermal protection.

Recreational overhead environment refers to a situation in which a direct ascent to the surface is not possible, **but** a diver remains in the “light zone” i.e. natural light, and is clearly within easy reach of highly visible exit points. The combination of depth plus entry must not exceed 130 ft.

Limited recreational overhead refers to a situation in which the combination of depth, plus an overhead entry that is within the light zone, does not exceed 60 ft. For example, a dive that is 40 ft. deep plus 20 ft. into an overhead environment, but still in the light zone.

Limited current describes a current that a diver can swim against briefly.

Please fill in your information here: Total number of **LIFETIME DIVES**

Recent Experience Category	A	X	B	X	C	X
Recreational overhead LIFETIME Dives	5 to 12		13 to 24		25+	
Dives in last 12 months	NO		5 to 10		10+	
Cold water dives last 12 months	NO		YES		YES	
Maximum depth last 12 months	0 to 60 ft		60 to 80 ft		80 ft plus	
Dives with current last 12 months	NO		Limited		YES	

I, (Print) _____ declare the above information representing my

My total experience and my experience in the past year are correct.

Signed _____

Date _____

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT



Please read this agreement carefully and fill in all blanks before signing. Ontario Underwater Council (OUC) recommends that all Club Members complete and sign a Liability Release and Assumption of Risk Agreement annually on joining or on membership renewal relative to any Club and OUC sanctioned activities they may be participating in.

If an OUC Member Club chooses to use an agreement other than this one, then the other agreement must explicitly state that *the Ontario Underwater Council, its member clubs, its members including but not limited to officers and directors, agents, contractors, employees, or assigns, volunteers, participants including other divers, instructors, dive masters, and rescue divers* are included in "Released Parties".

I, _____, hereby affirm that I understand that as a member of an Ontario Underwater Council Insured Member Club that I may be participating in a range of Club-and-OUC-sanctioned scuba diving, training, and non-diving activities (hereinafter referred to as "sanctioned activities" during the course of my membership. I also understand and agree:

1. that such participation involves certain risks which could result in consequences including property damage, personal injury, and death.
2. that I am responsible for educating myself in all applicable risks before participating and for managing / mitigating those risks accordingly.
3. that I can significantly mitigate the risks associated with scuba diving activities by:
 - a. diving within the limits of my certification, knowledge, experience, and comfort zones
 - b. diving within my physical and mental health and fitness levels, and
 - c. diving with properly-functioning scuba equipment that has been maintained in accordance with manufacturer recommendations.
4. that scuba diving involves breathing compressed air which involves specific risks including but not limited to potential decompression sickness and/or embolism and /or other hyperbaric / air expansion injuries that may require treatment in a recompression chamber. I further understand that scuba diving activities may take place at sites that are remote, either by time, distance, or both, from such recompression chambers. And I understand and assume the risks of scuba diving in spite of the possible absence of a recompression chamber in proximity to my dive site.
5. that scuba diving can be physically strenuous and that I may exert myself while participating in these activities, and that if I am injured as a consequence of heart attack, panic, hyperventilation, drowning or any other causes, that I expressly assume all risks and will not hold the Released Parties responsible.
6. that the only way I can completely eliminate all risks related to participating in sanctioned activities is to choose not to participate in them, which I understand I am free to do at any time and for any or no reason.

I understand and agree that relative to the risks associated with participating in sanctioned activities that OUC maintains a Liability Insurance Policy (hereinafter referred to as "policy") for its Member Clubs, and that this policy has specific requirements (see OUC's "[Club Insurance Requirements and Risk Management Document](#)" in the Club Membership section of OUC's website) which I must meet in order for coverage to apply.

I further understand and agree that if at any time I do not meet all applicable requirements that I will not be covered by the policy.

In consideration of being allowed to participate in OUC and Member Club sanctioned activities I hereby expressly assume all risks whether foreseen or unforeseen that may befall me as a result of doing so.

I also understand and agree that neither OUC, its Member Clubs, nor its members including but not limited to officers and directors, agents, contractors, employees, or assigns, volunteers, participants including other divers, instructors, dive masters, and rescue divers (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in these sanctioned activities or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I further release, exempt and hold harmless all Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in these sanctioned activities.

I further state that I am of lawful age and legally competent to sign this liability release and if I am not that I have acquired the written consent of my parent or guardian who is of lawful age and legally competent to sign this liability release. I understand the terms herein are contractually binding and not a mere recital and that I have signed this Agreement of my own free will and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid that that provision shall be severed from this Agreement and that the remainder of this Agreement will then be construed as though the un-enforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be stopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE ONTARIO UNDERWATER COUNCIL, THE MEMBER CLUB THROUGH WHICH I DIVE, _____ AND ALL RELATED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)

MEDICAL STATEMENT

Participant Record (Confidential Information)

Instructions for use:

OUC's Insurer recommends that members complete, sign, & submit this statement annually to their Club's Executive upon joining or renewal & before participating in any Club & OUC sanctioned activities. Members that are minors must have this statement signed by a parent or guardian. If a member answers "yes" to any of the questions in the questionnaire, OUC's Insurer at present does **not** require the member to obtain their doctor's approval. Rather, Club Executive should review & manage accordingly. Club Executive should also take all applicable measures to restrict access to completed & confidential statements to only those who have the authority & the need to know, & to appropriately manage their storage, archiving & eventual destruction.

Please read carefully before signing.

This is a statement to inform you of some potential risks involved in scuba diving & of the conduct required during sanctioned scuba activities organized by _____

OUC Member Club

located in _____, in the province of Ontario.

Diving is an exciting & demanding activity. When performed correctly, applying correct techniques, it is relatively safe. If established safety procedures are not followed however, risks are increased. To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory & circulatory systems must be in good health. All body air spaces must be normal & healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive.

If you have asthma, heart disease, other chronic medical conditions or you are taking /medications on a regular basis, you should consult your doctor before participating in this activity.

You have also learned the important safety rules regarding breathing & equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You should receive instruction in its safe usage.

Review any additional questions regarding this Medical Statement or the Medical Questionnaire section with your Club's Executive before signing.

Divers Medical Questionnaire

The purpose of this Medical Questionnaire is to identify any medical / health issues you may have that might affect your ability to participate in sanctioned diving activities. A "yes" response to a question does not necessarily disqualify you from diving. A "yes" does mean there is a preexisting condition that may affect your safety while diving & that you should seek the advice of your physician before doing so.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we recommend that you consult with a physician prior to participating in sanctioned scuba diving. Your Club's Executive can supply you with an RSTC Medical Statement & Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- ____ Could you be pregnant, or are you attempting to become pregnant?
- ____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- ____ Are you over 45 years of age & can answer YES to one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

- ____ Dysentery or dehydration requiring medical intervention?
- ____ Any dive accidents or decompression sickness?
- ____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- ____ Head injury with loss of consciousness in the past five years?
- ____ Recurrent back problems?
- ____ Back or spinal surgery?
- ____ Diabetes?
- ____ Back, arm or leg problems following surgery, injury or fracture?
- ____ High blood pressure or take medicine to control blood pressure?
- ____ Heart disease?
- ____ Heart attack?
- ____ Angina, heart surgery or blood vessel surgery?
- ____ Sinus surgery?
- ____ Ear disease or surgery, hearing loss or problems with balance?
- ____ Recurrent ear problems?
- ____ Bleeding or other blood disorders?
- ____ Hernia?
- ____ Ulcers or ulcer surgery?
- ____ A colostomy or ileostomy?
- ____ Recreational drug use or treatment for, or alcoholism in the past five years?

Have you ever had or do you currently have...

- ____ Asthma, or wheezing with breathing, or wheezing with exercise?
- ____ Frequent or severe attacks of hay fever or allergy?
- ____ Frequent colds, sinusitis or bronchitis?
- ____ Any form of lung disease?
- ____ Pneumothorax (collapsed lung)?
- ____ Other chest disease or chest surgery?
- ____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- ____ Epilepsy, seizures, convulsions or take medications to prevent them?
- ____ Recurring complicated migraine headaches or take medications to prevent them?
- ____ Blackouts or fainting (full/partial loss of consciousness)?
- ____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

I, the undersigned, affirm that the medical information I have provided herein is accurate to the best of my knowledge, & accept full responsibility for omitting or failing to disclose any existing or past health or medical condition.

Signature _____

Date _____

Signature of Parent or Guardian _____

Date _____