

LLANTRISANT SUB-AQUA CLUB

S.A.A. No. 349

Club Membership Application/Renewal Form

- 1) All prospective club members must sign an Application Form.
- 2) All existing club members must complete and sign a "Sport Diver Medical Form" annually on renewal of membership. This Medical Form should also be completed and signed by all new members before commencing initial pool training. New members are also required to undergo an initial medical examination before participating in SCUBA diving or open water training.
- 3) Failure to complete the Medical Form and present it to the club Diving Officer or making a false declaration on the Medical Form will invalidate your third party liability insurance and result in any authority to dive being withheld.
- 4) In order to be covered by the S.A.A. 3rd party liability insurance, all members must hold a "Sub-Aqua Association Qualification Record Book" (B.S.A.C. P.A.D.I. etc. equivalents are NOT acceptable) along with a current Sub-Aqua Association Membership Certificate both of which must be correctly certified. Additionally, it is essential that members follow the minimum guidelines laid down within the Association's "Club Guidelines Manual".
Prospective members/guests are covered for a period of 6 consecutive weeks from the date of their first training session. To continue training after this period, without the trainee becoming a member of the Association invalidates the 3rd part liability insurance as they will be deemed to be operating outside the guidelines laid down by the insurance policy.
Failure to comply with any reasonable request made by the club Diving Officer could also result in expulsion from the club.

I declare that I accept the constitution of Llantrisant Sub-Aqua Club and the Sub-Aqua Association, and that I will abide by all their rules.

It has been explained to me, and I understand that Sport Diving carries risks of personal injury. I agree to accept these risks while training and participating in the sport, either as a member or guest of a member club or organisation of the Sub-Aqua Association. I declare that any injury sustained shall be at my own risk entirely. I will be responsible for the results of my own acts of negligence or reckless behaviour.

Signature..... **Date**.....
Parent or Guardian
(if under 18 years).....
Passed by:
(new members only)..... (Committee Member)

Please use block letters:

First Name..... Surname..... Date of Birth.....

Address.....

Home Tel No..... Work Tel No..... Post code.....
Mobile No.....
Blood Group.....
Passport Number..... Expiry Date..... Emergency Contact.....

Notes:

1. For applications to be accepted the relevant membership fee must accompany this form.
2. The club reserves the right to refuse membership at any time.
3. Signing this application form does not deprive you of your statutory rights.