

University of Bristol Athletic Union - Underwater Club Membership Form



PLEASE COMPLETE IN BLOCK CAPITALS

Full Name	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Age	New Member? Yes <input type="checkbox"/> No <input type="checkbox"/>
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MUST BE COMPLETED - Next of Kin / Emergency Contact	
Emergency Contact Name	Telephone

Bristol Student <input type="checkbox"/>	Staff <input type="checkbox"/>	Non-Student <input type="checkbox"/>	Non-Bristol Student <input type="checkbox"/>	Amount	Cheque <input type="checkbox"/> Cash <input type="checkbox"/>
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Union Card Number	Bristol Address	Home Address	As Bristol? <input type="checkbox"/>
University Course	Telephone		
Year			

Mobile Number	Email Address (please note, our mailing lists can have problems with Hotmail addresses)
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Do you wish to be added to the club email list? Yes No

Do you have a car that you will be using for club trips? (you will be asked to complete a car owners form for insurance purposes)

Make & Model	Registration
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DIVING QUALIFICATIONS Do you have a diving qualification? Yes No If Yes:

Agency	Highest Qualification Achieved	Approx. Number of Dives:
		Date of Last Dive:
		Primary Diving Location:

TRAINEES	INSTRUCTOR QUALIFICATIONS Do you have an instructor qualification? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes:
Would you rather train on a:	Agency Qualification
Tuesday 8.30pm - 10pm <input type="checkbox"/>	
Friday 7.30pm - 9pm <input type="checkbox"/>	

Do you have a First Aid Qualification? BSAC O2 Admin BSAC First Aid for Divers

PADI Emergency First Response/Medic First Aid Other (please state):

IF YOU HAVE ANY SPECIAL REQUIREMENTS PLEASE INFORM THE DIVING OFFICER

Fitness to dive:

It is a requirement of the BSAC that **diving training must not be undertaken until the candidate has completed a Medical Declaration or had a Medical Examination confirming fitness to dive**, therefore you must complete the UK Sport Diver Medical Form overleaf.

It is the responsibility of the individual to inform the Diving Officer or Instructor of any relevant medical condition or previous injuries the Union should be aware of which may affect your safe participation within the sport. By being a member of a club you may be participating in activities which involve an above average element of risk, in an environment where professional medical and rescue services may not always be immediately available. It is your responsibility to ensure that you fully understand the exact nature of each activity you undertake, the risks involved, the skill levels required, and the equipment needed for your safe participation. You should never participate in an activity where you are unsure of the above aspects. If you are in doubt, ask any of your Club Committee Members or the Athletic Union Chair for further information.

It is also your responsibility to notify your next of kin of your desire to participate in the sport before engaging in the activity. The nature of the student sport results in the regular coaching and instruction of students by other students who are not actually qualified to coach in their respective sport, but are highly experienced. Individuals must be aware of this and should not proceed with their activity if they are not satisfied with the qualification of their coach/instructor.

I HAVE READ, UNDERSTOOD AND AGREE TO ACT IN ACCORDANCE WITH THE ABOVE STATEMENT.

Declaration: I have not had surgery on the heart, lungs or spine. I am not taking regular medication (except the contraceptive pill). If I develop any of the conditions listed overleaf, I will cease diving until I have obtained medical permission to dive.

Signature	Date
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PLEASE COMPLETE MEDICAL FORM OVERLEAF