



# AQUARIUS DIVE CLUB ESQUIMALT



## Membership Application Form

Rev 03/23

### General Instructions (PLEASE READ)

1. Print all information legibly or use fill and sign on a PDF utility (preferred).
2. Ensure you READ all sections of this form and action/ complete/ sign accordingly.
3. Provide the completed form **AND PSP** waiver directly to the ADC. You may also submit via email to the club if you wish. Please combine the two into one document if you are able to do so.
4. Once your paperwork is verified, an invoice will be generated and sent to the email on this form which can be paid at the Naden Athletic Centre or Colwood Pacific Activity Centre (in-person), or by phone to CPAC at 250-363-1009 by providing the invoice number.
5. Please provide a copy or show proof of diving certification to the member receiving this form.

### Personal Information

Full Name	Rank (or CIV)	Service Number (If applicable)	Date of Birth	Sex
Street Address	City		Province	Postal Code
Phone Number	Email Address			

### Emergency Contact Information

First and Last Name	Relationship	Primary Contact Phone Number	Alternate Contact Phone Number
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### Qualifications

Certification Number (Highest Level)	Certification Agency	Please list any other qualifications that may be pertinent such as DAN O2 Provider, Boat Operator Certificates, First Aid / CPR, DND 404 or if you can tow the boat (4000 lbs) etc.
Highest Level Qualification		

### Dive Club Equipment: Statement of Understanding

I understand that I am financially responsible for the replacement or repair value of any and all club equipment that I use. Should club equipment under my control be lost, stolen or otherwise damaged I agree to replace the equipment at my expense within thirty (30) days of the loss.

### Document Review: Responsibility

In consideration of my being permitted to participate/ join in Aquarius Dive Club activities, I acknowledge that I have fully read and understand the Application Form, Constitution, By-Laws and Annex's in full. My acceptance of this responsibility is by virtue of my signature. I will regularly review the aforementioned documents and update myself on any changes.

Print Name	Signature	Date
Parent/ Guardian Name (If Applicable)	Signature	Date





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## Membership Categories

### Check the appropriate membership category

	Regular Member \$50.00 + GST = \$52.50	<ol style="list-style-type: none"> <li>1. Canadian Forces Members: Currently serving Regular and Reserve Force personnel and their families;</li> <li>2. Members of Foreign Military currently serving with the CAF and their families;</li> <li>3. Veterans (Former members of the CAF who have successfully completed Basic Military training and have been honourably discharged) and their families;</li> </ol>
	Ordinary Member: \$55.00 + GST = \$57.75	<ol style="list-style-type: none"> <li>1. Current DND Public Servant, NPF staff, MFRCs staff, Staff of DRDC and DCC and their families;</li> <li>2. Serving RCMP and their families;</li> <li>3. Currently serving Honorary Colonel/Captain (N) and Honorary Lieutenant Colonel/Commanders and their families;</li> <li>4. Former DND Public Servant and their families and former Staff of NPF receiving a pension and their families; and</li> <li>5. Former RCMP in receipt of an annuity and their families.</li> </ol>
	Associate Member: \$60.00 + GST = \$63.00	All others who pay or are invited to become members. <b>Must be authorized by the executive.</b>
	Honorary Member	Free of charge <b>Must be authorized by the executive.</b>
	Guest Member: \$20.00 + GST = \$21.00	<ol style="list-style-type: none"> <li>1. Valid for a period of seven days, inclusive of the date purchased;</li> <li>2. On invitation, a person may join as a guest member</li> </ol>

### Air Fill Permit:

	Air Fill Permit: \$60.00 + GST = \$63.00	Please indicate if you wish to purchase an air fill permit. Air fill permits may be purchased at any time during the club season. Fee is for unlimited air and use of ADC tanks for the member ONLY.
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### OFFICE USE ONLY

#### Executive Endorsement

Initial	Eligible for membership/ available position (associate/ ordinary) category		
Initial	Documents and medical questionnaire verified		
Name of Executive Member	Executive Position	Signature	Date





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## Medical Questionnaire

The purpose of this of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

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 must request that you consult with a physician prior to participating in scuba diving. Aquarius Dive Club will supply you with an RSTC Medical Statement and 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 and 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

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

\_\_\_\_\_ Asthma, or wheezing with breathing, or wheezing with exercise?

\_\_\_\_\_ Frequent or severe attacks of hayfever 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.)?

\_\_\_\_\_ 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?

**The information I have provided about my medical history is accurate to the best of my knowledge.**

***I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.***

Print Name	Signature	Date
Parent/ Guardian Name	Signature	Date

