

# Demon Diving Club

## Membership Application Form



*Applications by persons under 18 years must be signed by parent/guardian.*

*Please complete an additional form for any joint member.*

Name: .....

Date of birth: .....

Home address: .....

.....

.....

Telephone (day): .....

Telephone (eve/weekends): .....

Mobile (if applicable): .....

E mail address (if applicable): .....

Emergency contact name: .....

Emergency contact telephone: .....

Diving qualifications/experience (if any): .....

.....

.....

.....

Please state any further training courses or diving activities which may interest you:

.....

.....

Tick box to confirm that you have completed and signed the *Medical Statement*

Tick box to confirm that you have completed and signed the  
*Standard Safe Diving Practices Statement of Understanding*

Signature: ..... Date: .....  
*(applicant/parent/guardian)*

# Demon Diving Club



## Medical Statement

*This is a statement in which you are informed of some potential risks involved in scuba diving. Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers. To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be a strenuous activity under certain conditions. Your respiratory and circulatory systems must be in good health. All body spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem or who is under the influence of alcohol or drugs should not dive.*

*The purpose of this questionnaire is to find out if you should be examined by your doctor before participating in recreational diving or diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you should seek the advice of your doctor.*

*If the answer to any of these items below is YES, we must request that you consult your doctor prior to participating in scuba diving. You will be required to complete a similar questionnaire and provide medical information prior to undertaking any diver training course.*

Could you be pregnant or are you attempting to become pregnant?

Do you frequently suffer from motion sickness (seasick, carsick, etc.)?

Do you regularly take prescription or non-prescription medications (except birth control)?

History of diving accidents or decompression sickness?

Are you over 45 years of age and have one of the following?

History of recurrent back problems?

- currently smoke a pipe, cigars or cigarettes
- have a high cholesterol level
- have a family history of heart attacks or strokes

History of back surgery?

History of diabetes?

History of back, arm or leg problems following surgery, injury or fracture?

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

Inability to perform moderate exercise (example: walk one mile within 12 minutes)?

Asthma or wheezing with breathing or wheezing with exercise?

History of high blood pressure or take medicine to control blood pressure?

Frequent or severe attacks of hay fever or allergy?

History of any heart disease?

Frequent colds, sinusitis or bronchitis?

History of heart attacks?

Any form of lung disease?

Angina, heart surgery or blood vessel surgery?

Pneumothorax (collapsed lung)?

History of ear or sinus surgery?

History of chest surgery?

History of ear disease, hearing loss or problems with balance?

Claustrophobia or agoraphobia (fear of closed or open spaces)?

History of problems equalising (popping) ears with aeroplane or mountain travel?

Behavioural health problems?

History of bleeding or other blood disorders?

Epilepsy, seizures, convulsions or take medications to prevent them?

History of any type of hernia?

Recurring migraine headaches or take medications to prevent them?

History of ulcers or ulcer surgery?

History of blackouts or fainting (full/partial loss of consciousness)?

History of colostomy?

History of drug or alcohol abuse?

**I have carefully read the above information and I understand the importance of my state of health in relation to my fitness to participate in recreational scuba diving.**

Applicant's signature: .....Date.....

(applicant/parent/guardian)

# Demon Diving Club



## Standard Safe Diving Practices Statement of Understanding

*This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required by Demon Diving Club as proof that you are aware of these safe practices. Read the statement and discuss any questions or queries you may have with a certified club member or instructor prior to signing it.*

*If you are a minor, this form must be signed by a parent or guardian.*

I, (print name)....., understand that as a diver I should:

- Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity.
- Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave diving unless specifically trained to do so.
- Use complete, well-maintained, reliable equipment with which I am familiar and inspect it for correct fit and function prior to each dive. Deny use of my equipment to uncertified divers. Always have a buoyancy control device and submersible pressure gauge when scuba diving. Recognise the desirability of an alternate air source and a low-pressure buoyancy control inflation system.
- Listen carefully to dive briefings and directions and respect the advice of the supervising my diving activities.
- Adhere to the buddy system throughout every dive. Plan dives - including communications, procedures for reuniting in case of separation, and emergency procedures - with my buddy.
- Be proficient in dive-table usage. Make all dives no-decompression dives and allow a margin of safety. Have a means to monitor depth and time under water. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute.
- Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while under water. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving.
- Breathe properly for diving. Never breath hold or skip breath when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and under water and dive within my limitations.
- Use a boat, float, or other surface support station whenever feasible.
- Know and obey local diving laws and regulations, including fish-and-game and dive-flag laws.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognise they are for my own safety and well being, and that failure to adhere to them can place me in jeopardy when diving.

Applicant's signature: .....Date.....

(applicant/parent/guardian)

**Demon Diving Club**  
**Standing Order Mandate**



*Please refer to the attached information on membership fees.*

To the Manager.....Bank

Bank address: .....  
.....  
.....

Please set up the following standing order:

**Account to be debited:**

Account name:.....

Account number:..... Bank sort code...../...../.....

**Details of Beneficiary:**

Demon Diving Club

Barclays Bank (Fareham)

Account number: 90323225

Sort code: 20-30-89

**Payment details:**

Pay the sum of £..... (*amount in words*.....)

commencing on.. ...../...../.....and each calendar month thereafter until further notice.

Account holder's signature(s): .....  
.....

Date: .....