

Robin Hood Dive Club

Diving Yorkshire Style!



ROBIN HOOD
DIVE CLUB

MEMBERSHIP FORM

NAME:

ADDRESS:

.....

MOBILE No.:

E-MAIL:

D.o.B.:

CURRENT DIVING QUALIFICATION:

DIVING AGENCIES TRAINED WITH:

NUMBER OF LOGGED DIVES:

DATE OF LAST DIVE:

3rd PARTY INSURANCE COVERED BY (ie Divemaster, BSAC):

EMERGENCY CONTACT 1: Name Tel

Relationship

EMERGENCY CONTACT 2: Name Tel

Relationship

EMERGENCY CONTACT 3: Name Tel

Relationship

I agree for to my emergency contact detail being held on file for use on club trips: Yes / No

I agree to abide by the rules of Robin Hood Dive Club and I acknowledge that I undertake diving and other club organised activities at my own risk and responsibility. I have completed a self-certificated Medical Form or have supplied a Doctor's Medical Certificate, a signed Medical Referee form or a HSE Certificate to the Club Membership Secretary. I have also provided a copy of my 3rd Party Liability Insurance Certificate.

I will ensure that I dive within my qualification depth and follow safe diving practices at all times.

I agree to my personal details being held on file for the Club's use only.

I agree to my details being used for the purpose of club communications via email and SMS.

Signature Print Name

Date

ROBIN HOOD DIVE CLUB

VOLUNTARY LIABILITY RELEASE AND ASSUMPTION OF RISK

Please read carefully and fill in all blanks before signing.

I, _____, HEREBY DECLARE THAT I AM A CERTIFIED SCUBA DIVER, TRAINED IN SAFE DIVING PRACTICES, AND AM AWARE OF THE INHERENT HAZARDS OF SKIN AND SCUBA DIVING.

NOTICE

Sub-Aqua diving is a sport which requires reasonable medical fitness and good health. For those who undergo a proper course of diver training, the risks of contracting a diving medical disorder are minimal. However, **anyone with a history of diabetes, epilepsy or blackouts, high blood pressure or heart disease, any lung or respiratory disorder, or dependence on drugs, should not contemplate taking up this sport.**

Women who are or could be pregnant are advised not to take up diving during pregnancy. Additionally, other conditions such as perforated eardrums or temporary conditions affecting the nose, sinuses or lungs (eg a cold, sinusitis or chest infection) may make it unsafe to dive, even in a swimming pool.

IF IN DOUBT, PLEASE CONSULT A DOCTOR BEFORE STARTING DIVING.

I understand and agree that neither Robin Hood Dive Club nor the organisers or promoters of any club event; nor BSAC, International PADI, Inc; nor its affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as 'Released Parties') may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this activity, or as a result of product liability or the negligence of any party, including the Released Parties, whether passive or active.

I understand that diving with compressed air involves certain inherent risks, including but not limited to, air expansion injuries, decompression sickness, embolism and drowning. Hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that this activity may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such activity in spite of the possible absence of a recompression chamber in proximity to the dive site.

I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contradictory to diving. If I am taking medication, I declare that I have seen a physician and have approval to dive while under the influence of the medication/drugs.

I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during this activity and that if I am injured as a result of heart attack, panic, hyperventilation, etc; that I assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I will inspect all of my equipment prior to the activity. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.

In consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection with the dive(s) for any harm, injury or damage that may befall me while I am a participant, including all risks connected therewith, whether foreseen or unforeseen.

I further save and hold harmless said activity and Released Parties from any claim or lawsuit for personal injury, property damage, or wrongful death, by me, my family, estate, heirs, or assigns, arising out of my participation in this activity, including both claims arising during the activity or after I complete the activity.

I further declare that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I understand that the terms herein are contractual and not a mere recital, that this instrument is a legally binding document, and that I have signed this document of my own free act.

NAME: _____ SIGN: _____ DATE: _____

ADDRESS: _____

Sport Diving Medical Declaration

New divers should not commence diving training and existing divers should not dive until they have completed this medical declaration or had a medical examination confirming fitness to dive.

Fees for a medical examination are the responsibility of the diver.

NOTES TO DIVER: It is necessary for members of the above organisations to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely provided they are reasonably fit. If you have any queries then please contact a UKDMC Medical Referee (listed on <http://ukdmc.org>).

IMPORTANT – FAILURE TO DECLARE A MEDICAL CONDITION COULD INVALIDATE YOUR INSURANCE. YOU MUST DECLARE ANY MEDICAL PROBLEM PAST OR PRESENT OR ANY CHANGE IN HEALTH AS THIS MAY AFFECT YOUR FITNESS TO DIVE.

BLOCK CAPITALS PLEASE

| | | | |
|--------------------|------------|----------------|--|
| Name: | | Date of birth: | |
| Address: | | | |
| Postcode: | Telephone: | Occupation: | |
| Dive organisation: | Branch: | Membership no: | |

| | Have you ever had or suffered from - | Yes | No |
|----|---|-----|----|
| 1 | Diseases of the heart and circulation including high blood pressure (or taking tablets for high blood pressure), angina, chest pains or palpitations? | | |
| 2 | Chest or heart surgery? | | |
| 3 | Significant bleeding or blood disorders? | | |
| 4 | Asthma, chronic obstructive airways disease or ever used an inhaler? | | |
| 5 | Collapsed lung, pneumothorax or other lung injury? | | |
| 6 | Any other problem affecting the lungs, suspected or known COVID-19 or tested positive for COVID-19? | | |
| 7 | Blackouts, fainting or recurrent dizziness? | | |
| 8 | Abdominal surgery, ileostomy, colostomy or repair of a hiatus hernia? | | |
| 9 | Epilepsy or fits? | | |
| 10 | Recurrent migraines? | | |
| 11 | Disease of the brain or nervous system (including strokes or multiple sclerosis)? | | |
| 12 | Back or spinal surgery or any serious back problems? | | |
| 13 | Psychological illness of any kind, fear of small spaces, suicidal thoughts or panic attacks? | | |
| 14 | Diabetes? | | |
| 15 | Cancer, malignant disease or a tumour? | | |
| 16 | A requirement for any prescribed medication (except the contraceptive pill)? | | |
| 17 | Decompression illness, immersion induced pulmonary oedema or other diving related problem? | | |
| 18 | Have you had regular ear problems in the past ten years? | | |
| 19 | Have you had a head injury with loss of consciousness in the past 5 years? | | |
| 20 | Have you had any problem with alcohol or drug abuse in the last five years? | | |
| 21 | Have you ever been refused a diving medical certificate or life insurance or been offered special terms? | | |
| 22 | Are you currently receiving medical care or have you consulted a doctor in the last year other than for mild self limiting illnesses that have completely resolved? (Please discuss any symptoms of the upper or lower respiratory tract with a UKDMC Medical Referee). | | |
| 23 | Are you concerned about any other medical issue that has not been covered by the questions on this page? | | |

| | | |
|--|---------|-------|
| I, the subject of this medical, am signing to certify that I have declared everything and understand that failure to do so may put myself and/or buddy at risk of harm or death. | Signed: | Date: |
|--|---------|-------|

(Signature of Parent or Guardian if under the age of 18)

IF YOU THINK YOU MAY BE PREGNANT OR ARE TRYING TO GET PREGNANT SPEAK TO A UKDMC MEDICAL REFEREE ABOUT THE IMPLICATIONS FOR DIVING

Divers answering 'Yes' to any question above must seek advice from a UKDMC Medical Referee. Please be aware that many UKDMC Medical Referees are in full time employment so allow a reasonable amount of time for your enquiry to be processed.

Only page 1 is required for divers answering No to all questions - if answering Yes complete pages 2 and 3 which can be downloaded from ukdmc.org