



TRY A DIVE

Sub-Aqua diving is a sport that requires general physical fitness and good health. Anyone with a medical history of diabetes, black-outs (epilepsy, etc), perforated ear drums, high blood pressure of heart disease, any lung or respiratory disorder or dependence on drugs should not contemplate taking part in this sport.

The TRY A DIVE is available on the understanding that persons taking part:

1. Are over 18 years of age. (or have written permission of parent/guardian).
2. Consider themselves medically fit for diving and to the best of their knowledge do not suffer from any of the disqualifying conditions mentioned above
3. Will, in the interests of safety, comply with all instructions given by the Dive Leaders.
4. Successfully complete a 100 metre free-style swimming test.

Every precaution will be taken to ensure the safety of persons taking part but the Club reserves the right to terminate instruction of any person should there be cause to doubt fitness or ability to dive.

The Club Diving Officer shall exercise his /her discretion and judgment as to whether the particular child is suitable for diver training.

Name of applicant : _____

Address : _____

_____ **Post code :** _____

Tel. No. _____ **Date of birth :** _____

I declare that the statements made on this form are true

Usual signature of applicant : _____ **Date :** _____

Usual signature of parent /guardian : _____ **Date:** _____
(if applicant is under 18 years of age)



DECLARATION

This declaration is in two parts. PART A, the indemnity is to be signed by all Club Members.

PART B, the declaration of fitness, should be signed by all prospective divers before participating in any training or diving unless, it is superseded by a satisfactory medical examination.

Part A - INDEMNITY

It has been explained to me, and I understand, that sport diving carries risks of personal injury. I agree to accept those risks while training and participating in the sport, either as a member or guest of a member of the 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.

Name (block capitals) _____ Date: _____

Address _____

Post Code _____ Tel No: _____

To be countersigned by the parent or guardian of member under 18

Signed: _____

Part B - DECLARATION OF FITNESS

To the best of my knowledge and belief I do not suffer from, and have not received treatment of any sort, for the following conditions:

Chronic or acute recurring disease.

Perforation of either eardrum.

Chronic sinus disease or chronic nasal obstruction.

Chronic bronchitis or other infective lung disease.

Asthma of any form.

Diabetes requiring drug control.

Heart attack or heart disease, including valve disease.

Raised blood pressure.

Severe anaemia or disease of blood forming organs.

Epilepsy, fits, recurrent fainting, giddiness or blackouts.

Severe head injury, e.g. Requiring surgery or producing prolonged unconsciousness.

AIDS or other chronic sexually transmitted disease.

I have not had surgery to my heart, spine or head. I am not taking any regular medication. In the event of developing any conditions listed or covered by the above, I will not continue to dive and will be deemed to have ceased diving under the Sub Aqua Association guidelines until I have obtained a medical opinion on my fitness to dive from a doctor with recognised experience in the health of sport divers or from the Association's Medical Referee.

Name (block capitals) _____ Date: _____

Address _____

Post Code _____ Tel No: _____

To be countersigned by the parent or guardian of member under 18