

# Mole Valley Sub-Aqua Club



Dear prospective member

Please complete the following information and return this form with your Statement of Understanding Regarding Risks and your SDI Medical Statement. If you answered yes to any of the medical questions or have ever suffered from Asthma you must consult a diving doctor.

The information you give will not be used without your permission for any purpose other than running the club.

|                                    |  |
|------------------------------------|--|
| <b>Name:</b>                       |  |
| <b>Date of Birth:</b>              |  |
| <b>Occupation:</b>                 |  |
| <b>Home Address:</b>               |  |
|                                    |  |
|                                    |  |
|                                    |  |
| <b>Post Code:</b>                  |  |
| <b>Home Telephone:</b>             |  |
| <b>Work Telephone:</b>             |  |
| <b>Mobile Telephone:</b>           |  |
| <b>E-Mail Address:</b>             |  |
| <b>Emergency Contact:</b>          |  |
| <b>Emergency Telephone:</b>        |  |
| <b>Next of kin (if different):</b> |  |
| <b>Next of kin telephone:</b>      |  |

**YOUR QUALIFICATIONS: (if you are already a qualified diver)**

|   |  |
|---|--|
| <b>Diving Qualification:</b>                                |  |
| <b>Instructor Qualification:</b>                            |  |
| <b>Diving Organisation:</b>                                 |  |
| <b>How long have you been diving?</b>                       |  |
| <b>Any other information that you think we should know:</b> |  |

If you don't wish your details to be included in any internal club contact lists, please tick here

If you don't wish your details to be added to the MVSAC mailing list, please tick here

I have read, understand and signed the Statement of Understanding Regarding Risks and Liabilities and the SDI Medical Statement and agree to abide by club rules.

Signed.....

Date.....

Signed.....  
Signature of parent or guardian (where applicable)

Date.....