

COFFS HARBOUR BLUEWATER FREEDIVERS CLUB
MEMBERSHIP APPLICATION

NAME: DOB:

ADDRESS:

TOWN: POSTCODE:

TELEPHONE: Home: Mobile:

EMAIL ADDRESS:

PHYSICAL QUALIFICATIONS – (Underline if applicable)

Have you ever suffered from; Epilepsy, Dizziness, Fainting Spells, Pneumonia, Tuberculosis, Hay Fever, Repeated Colds, Sinusitis, Arthritis, or any other pertinent medical history?.....YES/NO

If so, please explain fully on the back of this application.

SIGNATURE OF APPLICANT:

SIGNATURE OF PARENT OR GUARDIAN if under 18 years of age:

In consideration of this application for membership to the Coffs Harbour Bluewater Freedivers Club, I intend to be legally bound, hereby for myself, my heirs, my executors and administrators to waive and release any and all rights and claims for damages I may have against the Coffs Harbour Bluewater Freedivers Club, its members, agents, administrators, representatives, successors or assigns for any and all injuries suffered by or to me in any diving event in which I participate.

SIGNATURE OF APPLICANT: DATED:

SIGNATURE OF PARENT OR GUARDIAN if under 18 years of age:

WITNESS: NAME (print):

WITNESS: NAME (print):

Fees are from 1st January to 31st December – Full Member \$50.00; Social Member \$10.00