

# DIVER and NON DIVER LIABILITY RELEASE FORM

MEMBERSHIP APPLICATION (Confidential)

**The Fox Valley Scuba Club is an non-profit organization intended to give service and pleasure to it's members through participation in club activities.**

Name(s) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell # (optional) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Membership fees please check one      Single / \$15.00 \_\_\_\_\_      Family / \$25.00 \_\_\_\_\_

Type of Diving Certification(s) held \_\_\_\_\_

Certifying Organization(s) \_\_\_\_\_

Why do you want to join the club? \_\_\_\_\_

Do you have any skin or scuba diving experience? (describe briefly) \_\_\_\_\_

How do you rate your current health? \_\_\_\_\_

Who do we contact in case of emergency? (name / phone number) \_\_\_\_\_

I understand and have successfully completed all training requirements for certification. I understand the importance of abiding by the established safety rules for diving. I have read, that I am joining the club of my own free will and agree that I am responsible for my activities and safety.

By my signature below, I request membership in the Fox Valley Scuba Club and agree to the terms of the release on the reverse side / page 2, which I also execute at this time.

Signed by \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of parent or guardian where applicable. \_\_\_\_\_

Please mail complete form with payment to:

FVSC  
PO Box 611  
Appleton WI 54912