



The Scuba Sports Club

Westchester County, NY

P.O. Box 1709
Carmel, NY 10512
TheScubaSportsClub.org

Nothing is more enjoyable than diving, traveling and having a great time

MEMBERSHIP OPPORTUNITIES

As a member you will receive:

- An exciting dive program — all year 'round!
- Our monthly newsletter, the Sea Swells Log.
- Monthly meetings with entertaining and educational programs.
- A buddy list of fellow divers. Dive anytime; call a buddy!

And our members, your buddies.

Our members are the finest people you will ever meet, as well as the most experienced divers to be found anywhere. And yes, willing to welcome divers and non-divers, no matter what level of experience, and guide them if necessary.

To become a member, complete the following application and the optional questionnaire and fill in a diver information and waiver form for each new member. You will receive a club buddy list when your membership is processed.

Membership Fees	After December 1
Individual.....\$40.00	\$20.00
Family (Two or more at same address)....\$50.00	\$25.00

Total enclosed \$ _____

Name: _____

Name of Additional Family Members: _____

Street Address: _____ Apt. No: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____

E-Mail: _____

How did you find out about the club? _____

In consideration of our members, TSSC can make the names and e-mail address of our members available to fellow TSSC members and local dive shops. I would like to be included on the TSSC Buddy List

I would like to receive information from our local dive shops.

For Director's Use: Amt. Rec'd: _____ Check #: _____ Date Rec'd: _____ Date Sent: _____

Please mail this form with your check made out to TSSC, to: P.O. Box 1709 Carmel, NY 10512

TSSC DIVER INFORMATION

Diver Information

Full Name:		Email:	
Street Address:			Home Phone:
City:	State:	ZIP:	Work Phone:
Other Phone (Please circle or describe: fax/cell/other:_____)			

Emergency Contact Information

Name:	Phone:	Relation:
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Medical/Insurance Information

Personal Physician:		Phone:
Primary Insurance:		
Insurer Phone:		Insurance ID Number:
Dive Insurance: <input type="checkbox"/> DAN <input type="checkbox"/> PADI <input type="checkbox"/> Other:		ID Number:
Member of DAN: <input type="checkbox"/> Yes <input type="checkbox"/> No DAN Membership Number:		

Dive History

Most Advanced Certification:		Agency:
Certification Number:		Date:
Date of Last Dive:		Dive Location:
Total Number of Dives:	Dives in Last 12 Months:	Northeast Dives in Last 12 Months:

Signature: _____ Date: _____

**Attach photocopy of front and back of most advanced certification card
OR have the following signed by a director of the club:**

I have seen this member's certification card and certify that the information given above is accurate

signature of TSSC director

director's name (please print)

MEMBERSHIP QUESTIONNAIRE

What courses are you interested in?

- Rescue O₂ Administration Nitrox Other: _____
 Medic First Aid Wreck Photography _____

To where would you like to see TSSC schedule trips? (Check all that apply)

- Northeast Southeast Caribbean Pacific
 (Maine, Mass, etc) (NC, Fla, etc) Other: _____

If you chose Caribbean, Pacific, or Other, would you prefer a Liveaboard or Land-Based operation?

With which Committees or Directors would you be willing to help? (No experience needed)

- Social Trip Planning Education/Safety Newsletter
 Regattas Public Relations Enviro/Legislative Dive Show (BTS)

How likely are you to attend these types of club outings at least once in a season?

	<i>Tops on my calendar</i>	<i>If there's nothing better going on</i>	<i>I wouldn't waste my time</i>
Offshore Wreck Dive.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local (L.I. Sound) Dive (day).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local (L.I. Sound) Dive (night).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhode Island Beach Dive.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend Camping/Diving Trip.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Florida Dive Trip.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family-oriented day trip with diving (e.g. Dutch Springs).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family-oriented day trip without diving (e.g. Mystic Seaport).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liveaboard trip.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caribbean shore-based trip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ski weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What activities and other events (diving and non-diving) would you like to see the club offer:

AFFIRMATION, INDEMNIFICATION AND LIABILITY RELEASE

I, *(PRINT FULL NAME)* _____, hereby affirm that I have been well advised and thoroughly informed of the inherent hazards of skin and scuba diving. By signing this release, I certify that I am cognizant of these risks and that I knowingly, and after thoughtful consideration, agree that The Scuba Sports Club ("TSSC") and its officers, directors, and agents, may not be held liable by me or my family, heirs or assignees for any occurrence in connection with dives and/or other activities organized by TSSC.

I affirm that: *(Please initial each paragraph)*

_____ 1. I am a certified scuba diver trained in safe diving practices. I have been fully and completely advised of the potential hazards and dangers incidental to engaging in the activity of scuba diving, and I expressly assume such risk

_____ 2. I agree that the purpose of our diving is strictly recreational.

_____ 3. I understand that it is not the function of TSSC or its officers and/or directors to act as the guardians of my safety.

_____ 4. I am in good mental and physical fitness for diving. I understand that scuba diving is a physically strenuous activity and that I will be exerting myself during dive excursions, and I expressly assume such risk.

_____ 5. I am not, and will not dive, under the influence of alcohol and/or drugs, nor am I taking any drugs that are contraindicated for diving. If I am taking medication, I have seen a physician and have approval to dive although taking such medication.

_____ 6. I understand that diving involves certain risks, and that injuries can occur that require treatment in a recompression chamber. I further understand that a dive may be conducted at sites that are remote, by time and/or distance, from a recompression chamber and/or medical facility, and nonetheless agree to accept and assume such risks when I proceed with such dives.

_____ 7. I understand, and hereby consent, that an agent, servant, member, officer and/or director of the TSSC may voluntarily, but is not obligated to, render first aid or emergency treatment to me, including the administration of oxygen, at the scene of an accident or other emergency. I hereby agree that the TSSC and/or such person(s) shall not be liable for damages for injuries alleged to have been sustained by me by reason of any act or omission in the rendering of, or the failure to make available, such treatment.

_____ 8. I understand that even if I follow all of the appropriate dive practices, there is still some risk of my sustaining heart attack, decompression sickness, embolism or other injuries, and I expressly assume the risk of such injuries or illnesses.

_____ 9. I understand that diving in open waters involves additional risks due to the environment, animal or sea life, currents and mechanical equipment failure or misuse and that injury or death may occur from such risks, and I expressly assume such risk.

_____ 10. I shall observe strictly and comply with such additional reasonable terms and regulations as TSSC or its agents, servants, officers and/or directors may from time to time deem desirable or needful to prescribe before or during these activities.

_____ 11. **Any action, dispute, proceeding, claim or controversy between myself and TSSC and its officers, directors, and agents arising from and/or related to dives and/or other activities organized by TSSC (a "Dispute"), whether sounding in contract, tort or otherwise, shall, at TSSC's election, which election may be made at any time prior to the commencement of a judicial proceeding by TSSC or, in the event of a judicial proceeding instituted by me or my representatives, at any time prior to the last day to answer and/or respond to a summons and/or complaint, be resolved by arbitration in New York City in accordance with the rules then obtaining of the American Arbitration Association.** The parties consent to the jurisdiction of the Supreme Court of the State of New York and the United States District Court for the Southern District of New York for all purposes in connection with arbitration including the entry of judgment of any award. **I waive the right to trial by jury in any action arising from a Dispute.**

_____ 12. **I HAVE READ THE FOREGOING PARAGRAPHS AND FULLY UNDERSTAND THE LEGAL RIGHTS THAT I AM GIVING UP BY SIGNING THIS DOCUMENT.**

I HEREBY EXEMPT AND RELEASE TSSC AND ITS AGENTS, SERVANTS, OFFICERS AND/OR DIRECTORS FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH AND LOSS OF SERVICES CAUSED BY THE NEGLIGENCE OF TSSC OR ITS AGENTS, SERVANTS, OFFICERS AND/OR DIRECTORS.

I shall defend, indemnify and hold harmless TSSC together with its directors, officers, servants, and/or assignees (collectively called the "Indemnified Parties") from and against all claims, suits, obligations, liabilities, damages, losses and judgments, including all costs and expenses related thereto (including attorneys' fees) which may be asserted against, suffered by, charged to or recoverable from the Indemnified Parties by reason of injury to me or my death provided the event causing such injury, death, loss or damage is caused by, or related to, a TSSC-sponsored activity.

Dated: _____

Signature: _____