



Application for Membership

I/We apply for membership of Lets go Scuba Ltd Dive Centre

Type of membership applied for and Monthly/Annual (please tick);

Type of Membership	Monthly	Annual	Details of Membership
Individual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Individual Membership covers one person – cost £55:00
Family	<input type="checkbox"/>	<input type="checkbox"/>	Family membership covers up to 4 people – cost £95 (children up to the age of 16 years only), for each additional person add £2.50 per month. You can pay monthly by standing order at £10:00 per month.
Payment methods <ul style="list-style-type: none"> Cheques payable to letsgoscuba Ltd Standing Order sort code 16:33:14 - Account No 10401335 Or you can log onto our website and use paypal via our shop – select payment to LGS and complete details (please note a 3% surcharge will be added) Over the phone by calling our Dive Centre on 01204 864951 			
Date of Application:			

Please give details of all applicants below:

Name	Date of Birth	Email Address
<input type="checkbox"/> Tick this box and tell us if you do not want your email address added to letsgoscuba mailing list. Your details will only be used by letsgoscuba personnel and no information will be passed to any other agency or party.		
<input type="checkbox"/> Tick this box if you have previous diving qualifications from another diving organisation		
Your Address (please include postcode)		
Home Number:		Mobile Number:

Letsgoscuba will use and process information provided in accordance with the requirements of the Data Protection Act 1998. The information you provide to us with may be held on files, both paper and electronic. We will endeavour to keep your personal data safe and secure. Please note that by signing the application form you are giving explicit consent for the data collected about you to be recorded and used for those purposes.

Declaration – (Please complete)

I/we agree that I/we undertake underwater swimming at my/our own risk and responsibility, and that letsgoscuba Ltd, its

Committees and agents shall not be held liable for any loss or injury I/we may sustain. I/We agree to abide by Letsgoscuba Code of Conduct, as illustrated in the Letsgoscuba Child Protection Policy. I/we are not suffering from any physical complaint or ailment that may jeopardise my/our safety or wellbeing while taking part in the sport. I/we will comply with all rules, byelaws and policies as published by Letsgoscuba and available from www.letsgoscuba.co.uk

Letsgoscuba members are reminded that they are not covered by Letsgoscuba third Party Liability Insurance unless taking part in a Letsgoscuba training course.

Letsgoscuba recommend that members take out personal dive insurance – if you need any assistance in obtaining this we would be pleased to assist. Contact our Dive centre on 01204 864951

Applicant(s) signature	Date
1.	
2.	
3. Signature of parent or Guardian (if under 16 years old)	
4. Name and signature of Dive Centre Manager	
<p>Complete this form and</p> <ul style="list-style-type: none"> Send it us or bring it into the Dive Centre (Address Letsgoscuba Ltd, Unity Brook Farm, Manchester Road,, Kearsley, BL4 8RE) Scan and email it to Info@letsgoscuba.co.uk <p>What to enclose/bring with you:</p> <ol style="list-style-type: none"> This form completed in full and signed. a passport size photograph of each member (for your I.D. card) a photocopy of each members medical form Completed PADI medical questionnaire a cheque covering the membership fee or you can pay by card over the phone or at the Dive Centre. If you are paying by cheque, please make it payable to Letsgoscuba Ltd (and crossed "a/c payee only"). 	

PLEASE COMPLETE THE PADI MEDICAL QUESTIONNAIRE ON pages 3

DETAILS OF MEMBERSHIP BENEFITS

Air Fills (personal use only)	Free
Use of LGS training pool (has to be booked via the Dive Centre)	Free
Discount at our Dive Shop	10% discount
Full open water kit hire – including 2 cylinders (half price)	£25.00
Bi Monthly Club Meeting	
Club Trips	Discounted
Shop	10% discount

If you need assistance completing this form please give us a call at the Dive Centre on 01204 864951 Our Website for further information on courses, trips and much more is www.letsgoscuba.co.uk



MEDICAL STATEMENT
Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by _____ and
Instructor
_____ located in the
Facility
city of _____, state/province of _____

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

- _____ Could you be pregnant, or are you attempting to become pregnant?
- _____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- _____ Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

- _____ Asthma, or wheezing with breathing, or wheezing with exercise?
- _____ Frequent or severe attacks of hayfever or allergy?
- _____ Frequent colds, sinusitis or bronchitis?
- _____ Any form of lung disease?
- _____ Pneumothorax (collapsed lung)?
- _____ Other chest disease or chest surgery?
- _____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- _____ Epilepsy, seizures, convulsions or take medications to prevent them?
- _____ Recurring complicated migraine headaches or take medications to prevent them?
- _____ Blackouts or fainting (full/partial loss of consciousness)?
- _____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- _____ Dysentery or dehydration requiring medical intervention?
- _____ Any dive accidents or decompression sickness?
- _____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- _____ Head injury with loss of consciousness in the past five years?
- _____ Recurrent back problems?
- _____ Back or spinal surgery?
- _____ Diabetes?
- _____ Back, arm or leg problems following surgery, injury or fracture?
- _____ High blood pressure or take medicine to control blood pressure?
- _____ Heart disease?
- _____ Heart attack?
- _____ Angina, heart surgery or blood vessel surgery?
- _____ Sinus surgery?
- _____ Ear disease or surgery, hearing loss or problems with balance?
- _____ Recurrent ear problems?
- _____ Bleeding or other blood disorders?
- _____ Hernia?
- _____ Ulcers or ulcer surgery ?
- _____ A colostomy or ileostomy?
- _____ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature _____ Date _____ Signature of Parent or Guardian _____ Date _____
 PRODUCT NO. 10083 (Rev. 06/07) Ver. 2.01 Page 1 of 6 © PADI 1989, 1990, 1998, 2001, 2007 © Recreational Scuba Training Council, Inc. 1989, 1990, 1998, 2001, 2007