



MEMBERSHIP APPLICATION

20____ - 20____ Diving Season

NAME: _____

ADDRESS: No. & Street _____ Apt. _____

City _____ Postal Code _____

TELEPHONE: Home _____ Work _____

Cell _____ Email _____

Steel City Sport Divers of Hamilton Inc., hereafter referred to as S.C.S.D., will make every effort to protect the personal information that is provided to us by our members. As a member of S.C.S.D. you authorize the Executive to distribute your name, address, phone numbers, email address, as a way to communicate with other club members of S.C.S.D., for Ontario Underwater Council (OUC) insurance, and to communicate to ACUC. As a member of S.C.S.D., your image may be taken by still or moving picture during training or social events. These images may be used by S.C.S.D. at the discretion of the Executive.

In consideration of S.C.S.D. accepting this application for membership, I, the above named, for myself, my heirs, executors, administrators and assigns release S.C.S.D., its respective servants, agents and employees from any claims, demands, damages, actions or causes of action arising out of, or in consequence of any loss, injury or damage to my person or property incurred while attending at, or participating in, a diving course or event notwithstanding any such loss, injury or damage may have arisen by reason of the negligence of S.C.S.D., its servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourse which I may now, or hereafter, have resulting from any decision of S.C.S.D.

 APPLICANT SIGNATURE

 DATE

 PARENT OR GUARDIAN SIGNATURE (IF MINOR APPLICANT)

 WITNESS SIGNATURE

 WITNESS NAME (PLEASE PRINT)

For Office Use Only			
PAYMENT METHOD	CASH	CHEQUE	EQUIPMENT ROLLOVER
Local Member \$55			
Additional Family Members \$25			
Basic 1st Year Student Member \$25			
Total			

 TREASURER SIGNATURE

 MEMBERSHIP DIRECTOR SIGNATURE