



## Try A Dive Declaration Form

***Sub-aqua diving is a sport that requires general physical fitness and good health. Anyone with a medical history of diabetes, blackouts(epilepsy, etc.), perforated eardrums, high blood pressure or heart disease, any lung or respiratory disorder( such as Asthma), or dependence on drugs, may not be able to dive safely and so MUST seek specialist advice before contemplating taking up this sport including a Try-A-Dive***

The "Try A Dive" is available only in a swimming pool with 1:1 Instructor/Student (on no account to be done in the open water) and on the understanding that the persons taking part:

- a) Are over 18yrs of age (or have written permission of parents)
- b) Consider themselves medically fit for diving and to the best of their knowledge do not suffer from any of the disqualifying conditions mentioned above.
- c) Will, in the interests of safety, comply with all instructions given by the Dive Leaders.
- d) Successfully complete a 100m freestyle swimming test. Physically disabled candidates with mobility limitations will be allowed to participate, at the discretion of the Club Diving Officer, providing they can demonstrate that they are water confident and can float on their back unaided for a period of one minute. (Club Diving Officers should be aware of the particular issues relating to Disabled Divers and are advised to consult the SAA "Diving with Disabilities" document for guidance before agreeing to such participation.)
- e) This try dive does not qualify the participant to procure breathing gas, diving equipment, or any other scuba diving services, nor does it allow any scuba diving without the direct supervision of an Instructor.

Every precaution will be taken to ensure the safety of persons taking part, but the club reserves the right to terminate instruction of any person should there be cause to doubt fitness or ability to dive.

The Club Diving Officer shall exercise their discretion and judgment as to whether the particular candidate is suitable for participation in the Try Dive session.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

City: \_\_\_\_\_

Email: \_\_\_\_\_

County: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Country: \_\_\_\_\_

Age: \_\_\_\_\_

Post Code: \_\_\_\_\_

I certify to the best of my knowledge I do not suffer from any of the disqualifying conditions mentioned above, that I meet the required fitness criteria and I declare that the statements made on this form are true.

Signature Of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(If student is under 18 years of Age)*

*Note the information submitted on this form will be stored on a computer system.*