

Toronto Garrison SCUBA Diving Club Registration Form



PART A – PERSONAL INFORMATION

Last Name: _____ First Name: _____

Please check your age category:
 18 years of age or older
 16-17 years of age
 15 years of age or younger

Address: _____

City: _____ Postal Code: _____

Work Phone: _____ Home Phone: _____

Email: _____

Rank (DND members only): _____ SN or PRI: _____

Unit: _____ Section: _____

PART B – QUALIFICATION INFORMATION

Certifying Agency: _____ Certification Number: _____

Highest Certification Level Achieved: _____

Specialty Levels Achieved: _____

PART C – APPLICANT CERTIFICATION

I certify that the information provided above is correct and that I have read and understood the Toronto Garrison SCUBA Diving Club Constitution, By-Laws and Safe Diving Practices.

Sign and Print Name: _____ Date: _____
(Member)

Sign and Print Name: _____ Date: _____
(Guardian, if required)

Sign and Print Name: _____ Date: _____
(Witness – must be a current Executive Member)

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PART D – OFFICE USE ONLY

Recreation Council category: Regular Ordinary Associate

Membership Type: Individual Family

Access Card Number: _____ Expiry Date: _____

Club Membership Category: Regular Ordinary Associate

Membership Type: Individual Family

Club Fees Paid: Cash Cheque

Fees Taken By: _____ Date: _____

(Must be a current Executive Member)

Current Medical Form completed: Yes _____ (initials)

Dive Log reviewed: Yes _____ (initials)

Require Refresher Training: Yes No _____ (initials)

Sign and Print Name: _____ Date: _____
(Chief Instructor)