

MEMBERSHIP APPLICATION

TUNBRIDGE WELLS DIVING CLUB

NAME	
Address	Phone: email: Mobile
Date of Birth	Gender: Male/Female
Disabled category	Ethnic origin: (Self description)
Contact in case of emergency	Tel no:
Relationship	Mobile:
Alternative emergency contact	Tel No:
Relationship	Mobile
Declarable medication	Category of membership
Allergies	Diving Coach/Teacher/Official Administrator Volunteer
Diving Experience ASA National Diving Plan Stages 9-10 _____ Levels 1-7 _____ Where achieved	
Signed	Date
Signed Parent/Carer (if under 18)	Date
Would you be prepared to become a volunteer? yes / No	
What are your qualifications?	
PARENT/GUARDIAN CONSENT (Nb These details will be held on Computer File and covered by the Data Protection Act. I confirm that the above details may be added to a database of Tunbridge Wells Diving Club Membership. I understand that access to such a database will be limited to the Committee Members of the Club and that this information will only be used in order to contact me about diving club matters. As Parent/Guardian of _____, I agree that an official of Tunbridge Wells Diving Club may give my consent on my behalf for anaesthetics to be administered by a qualified medical practitioner and/or any other medical treatment to be given if deemed urgent. Signed: Date:	
Please post the completed form to: The Secretary, Tunbridge Wells Diving Club, Tunbridge Wells Sports Centre, St John's Road, Tunbridge Wells, Kent TN4 9TX	