



SCUBA CLUB AT VIRGINIA TECH

690 Radford Street
Christiansburg, VA 24073
www.scuba.org.vt.edu

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION:

Membership (circle one): Year Semester

Name: _____ Phone: _____

Local Address: _____

E-mail: _____ Date of Birth: _____

SCUBA Certification: Agency and Level: _____ #: _____ Date: _____

Membership Agreement:

1. I, the undersigned, am voluntarily participating in SCUBA diving and do so fully understand and accept any and all risks of loss and/or injury that may occur due to my participation. I also agree to indemnify and hold harmless the Scuba Club at Virginia Tech, Virginia Polytechnic Institute and State University, and any other involved agencies, governments, or clubs and their agents and employees from any claims or loss, damage or injury that I may have, or that may accrue to heirs, assigns, executors, or administrators, that arise out of my participation in this activity.
2. I further agree to dive within the limits of my certification level. I pledge not to officially teach or instruct other SCUBA divers or SCUBA diving students unless qualified as a diving instructor by a recognized certifying agency.
3. I agree to abide by and follow the rules, regulations, and restrictions outlined in the published Bylaws of the Scuba Club at Virginia Tech (SCVT).

This signature implies that the signer fully understands and accepts the above membership agreement for the duration of his/her membership in the SCVT.

SIGNATURE

DATE

PRINTED NAME

IN CASE OF EMERGENCY, CONTACT:

Name: _____

Address: _____

Phone: (h) _____

(w) _____

(c) _____

Relation: _____

SCVT USE ONLY

Paid Check Cash Card

Amount Paid \$ _____

Transaction # _____

Date Paid _____

Membership good until _____

Processing officer _____