



CSAC
Calypso Sub-Aqua Club BSAC 393 Malta



Calypso Sub-Aqua Club
c/o Dive Systems (W.S.) Ltd.
Tower Point, Tower Road, Exiles
Sliema SLM 1601,
MALTA
E-mail: info@calypsosac.org
Website: www.calypsosac.org

Enrolment Form

Personal Information: (PLEASE PRINT CLEARLY)

Name:

Surname:

Address:

Town:

Post Code:

Date of Birth:

Contact Telephone No:

Emergency Contact Telephone No. & Name / Relationship :

E-mail address:

Diving Qualification :

BSAC

PADI

CMAS

SAA

Other:

I agree to abide by the rules of the Calypso Sub-Aqua Club (CSAC) and acknowledge that I undertake underwater swimming and associated activities at my own risk and responsibility. I am not suffering from any physical complaint or ailment which may jeopardize my safety or wellbeing whilst taking part in such activities. CSAC will hold and process information as per the club's Privacy Notice as available on the club website at <http://calypsosac.org/privacy-notice> which I have read.

Signature:

Date:

Signature of Parent/Guardian if under 18 :

I consent for CSAC to process my information to contact me about any club activities and news: YES / NO

Membership Receipt : Received the amount of €25.00 in respect of 12 months subscription.

Treasurer:

Date:

Please turn over for Medical Statement Form

Medical Statement (PLEASE PRINT CLEARLY) - As per Laws of Malta - S.L.409.13

You must complete this medical statement, which includes the medical history information section, prior to enjoying any recreational scuba diving services. Its purpose is to inform you whether you should be examined by a physician before participating in recreational diving training. If any of these conditions apply to you, this does **not** necessarily disqualify you. It only means that, for your own **safety**, you must seek the advice of a physician prior to participating in recreational scuba diving. Please acknowledge that you have read and understood the information provided below by initialling each individual point. **With your signature at the end, you confirm that the answers to the questions above are true and complete.**

1. YOU MUST CONSULT A PHYSICIAN IF

YES or NO

INITIALS

You are pregnant or you suspect you may be pregnant

You regularly take medications (with the exception of birth control)

You are over 45 years of age and one or more of the following apply:

- You smoke
- You have a high cholesterol level

2. YOU MUST CONSULT A PHYSICIAN IF YOU EVER HAD

YES or NO

INITIALS

asthma, or wheezing with breathing or wheezing with exercise

any form of lung disease

pneumothorax (collapsed lung)

history of chest surgery

claustrophobia or agoraphobia (fear of closed or open spaces)

epilepsy, seizures, convulsions or take medications to prevent them

history of blackouts or fainting (full or partial loss of consciousness)

history of diving accidents or decompression sickness

history of diabetes

history of high blood pressure or take medications to control blood pressure

history of heart disease

history of ear disease, hearing loss or problems with balance

history of thrombosis or blood clotting

psychiatric disease

3. I AM AWARE I COULD BE UNFIT TO DIVE IF I HAVE OR DEVELOP ANY ONE OF THE FOLLOWING CONDITIONS

INITIALS

Cold, sinusitis, or any breathing problems such as bronchitis and hay fever

Acute migraine or headache

Any kind of surgery within the last six weeks

Under influence of alcohol, drugs or medication affecting the ability to react

Fever, dizziness, nausea, vomiting and diarrhoea

Problems equalising such as when popping ears

Pregnancy and/or Acute gastric ulcers

Name:

Surname:

Date of Birth:

Signature