



# SCUBA CLUB AT VIRGINIA TECH

Room 5, War Memorial Gym

Blacksburg, VA 24061

[ScubaVT.org](http://ScubaVT.org)

## 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 \_\_\_\_\_