

# FINStrokes

News Bulletin



November December 2015



## POOL NOTICE

Albion Pool will be closed from Dec 1 - Jan 1 2016

While the pool is closed, folks will meet at Wally's 8 PM-ish

We will be back at Albion Pool Jan 7 2016



## It's Membership Renewal time again!

Get your Membership renewals in early to be eligible for the FRONT OF THE DIVE LINE DRAW. The 2016 Renewal Form is at the end of the Newsletter.

## SHOUT OUTS

Happy December Birthday to

Elizabeth Dundas

Micheal Yano

Chris Basham



If we miss yours, click [euc\\_fins@euc.ca](mailto:euc_fins@euc.ca) to add yourself to the Birthday List.

## DONT MISS THESE UPCOMING EVENTS...

EUC Christmas Party  
Dec 5 2015. Canadiana Room



## TRAINING



### Upcoming Courses and dates:

Spring 2016  
To be scheduled  
CPR  
First Aid

ACUC Rescue Diver  
Starts Thu Feb 4, 2016 9:00 – 20:30  
Pool skills Thu March 3-Apr 31 1900 - 2130  
Rescue Checkout Sat Jun 4

Try Scuba  
Thu Feb 25, 2016  
1900 - 2200

ACUC Open Water Diver  
Thu March 3, 2016  
10 weeks 1900 - 2130

Buoyancy Clinic for Open Water students  
Thu May 26, 2016  
1930 - 2200

EUC CHECKOUT WEEKEND  
June 4 - 5 2016  
Location TBD

Ron Seidl  
Training Director EUC  
[euc\\_training@euc.ca](mailto:euc_training@euc.ca)



# *Etobicoke Underwater Club Christmas Dinner and Dance*

**Date:**

Saturday December 5<sup>th</sup>, 2015

**Location:**

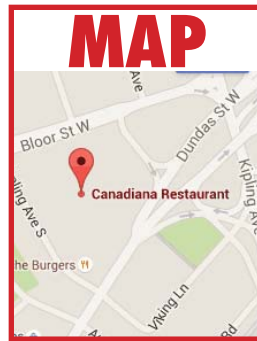
Canadiana Banquet Hall  
5230 Dundas St. W

**Cost:**

\$55 per person

**Time:**

Appetizers at 5:30pm  
Dinner at 6:30pm



On Facebook:



**RSVP: Jennifer Bullock**

By email: [euc\\_events@euc.ca](mailto:euc_events@euc.ca)

**Please Advise of Any Dietary Requests**

**RSVP By:**

**November 26, 2015**

**\*\* ANY PRIZE DONATIONS WOULD BE WELCOME \*\***



FINS Below Newsletter and FIN Strokes News Bulletin are official publications of the Etobicoke Underwater Club Inc.

# EUC EVENTS CALENDAR

# December 2015

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	1	2	3 Albion PoolCLOSED	4	5 EUC Christmas Party	6
7	8	9	10 Albion PoolCLOSED	11	12	13
14	15	16	17 Albion PoolCLOSED	18	19	20
21	22	23	24 Albion PoolCLOSED	25 Christmas	26	27
28	29	30	31 Albion PoolCLOSED			

Schedule is subject to change and is correct as of Jan 1 2015

## Annual Physical Condition Checklist

If any of the following apply to you, please check:

- Persistent Headaches
- Heart Trouble
- Claustrophobia
- Severe Frequent Colds
- Tuberculosis
- Dizziness or Fainting
- Operation
- Emotional Problems
- Epilepsy
- Asthma
- Serious Injury
- High Blood Pressure
- Motion Sickness
- Hospitalized
- Pneumothorax
- Allergies to Drugs
- Dentures
- Regular Medication
- Glasses / Contacts
- Sinus Trouble
- Smoking
- Ear Trouble
- Diabetis
- Hay Fever
- Tranquilizers
- Chest Pains

If you checked any of the above, please explain: \_\_\_\_\_

Any Serious injury or accident, or illness not mentioned above, please explain: \_\_\_\_\_

Date of last medical examination: \_\_\_\_\_

Are you registered with Medic Alert, please specify: \_\_\_\_\_

## Waiver, Liability Release & Statement of Understanding

**Initial each statement of understanding & sign at the end.**  
Parent or guardian must initial each statement as well as the member, if the member is under 18 years of age.

### Insurance Waiver

(The specifics of the Liability Insurance Policy is posted on the EUC website for review.)

I, \_\_\_\_\_ understand that the ETOBICOKE UNDERWATER CLUB INC.'s Liability Insurance Policy has specific Requirements for supervision, recreational & certification limits, as outlined in the Club Policy Manual, which must be met in order for coverage to apply to Club sanctioned events.

I acknowledge that if at any time, I do not dive according to these Requirements, I am not included in the sanctioned event or covered by the Liability Insurance Policy & I am diving at my own risk.

## Statement of Understanding

\_\_\_\_\_ I acknowledge that SCUBA diving involves exposures to certain abnormal conditions: underwater submersion, changes in ambient pressure, changes in pressure of inhaled air & increased stress levels.

\_\_\_\_\_ I acknowledge that SCUBA diving involves more risk than ordinary swimming.

\_\_\_\_\_ I am aware that in some circumstances, participation could result in physical injury.

\_\_\_\_\_ I am in proper physical condition to participate in SCUBA diving activities.

\_\_\_\_\_ I understand that an annual physical examination is advisable when taking part in SCUBA related activities.

\_\_\_\_\_ I have completed the annual physical check list & understand that should my physical condition change, it is my responsibility to inform in writing, the Secretary of the ETOBICOKE UNDERWATER CLUB INC. of these changes.

\_\_\_\_\_ I understand that it is my responsibility to make the Convener of an event, Divermaster, Event Coordinator aware of any medical condition that might require special medication or treatment. Should a guest have special requirements, it is my responsibility, as their sponsor, to inform in writing, the Convener of these conditions.

\_\_\_\_\_ I acknowledge that solo diving in the pool or open water, is not sanctioned by the ETOBICOKE UNDERWATER CLUB INC. nor covered by the liability insurance carrier.

\_\_\_\_\_ I understand and give my permission to use my image for club purposes.

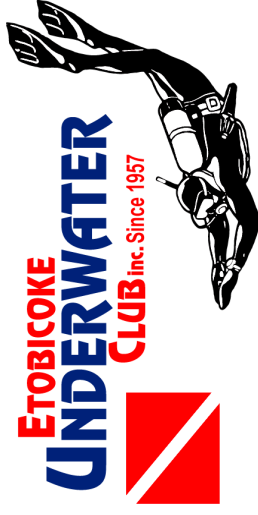
## Liability Release

\_\_\_\_\_ I am hereby willing to assume the above mentioned risks of injury or health risks for myself & assume full responsibility during & after my participation in any ETOBICOKE UNDERWATER CLUB INC. sanctioned activities & I therefore hereby release & forever discharge the ETOBICOKE UNDERWATER CLUB INC. & the ONTARIO UNDERWATER COUNCIL, their officers & any other organizers, sponsors, representatives, their agents & employees & any other person or organization assisting them in respect to any claims for damages or injuries suffered by me as a result of my participation in or traveling to or from any ETOBICOKE UNDERWATER CLUB INC. sanctioned activities.

**I declare that I have read, understood & agreed to the contents of this Membership Renewal Form.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature \_\_\_\_\_  
Parent / Guardian (if individual is under 18 years of age)



www.euc.ca

# 2016

# Membership Application &

# Annual

# Renewal Form

Return completed forms & applicable fees in person or mail.  
Or make your payment online by Logging In to the website Membership section & return the completed form to:

**Etobicoke Underwater Club**  
**c/o Micheal Yano**  
**43 Twelfth Street**  
**Toronto, ON M8V 3G8**

Local EUC phone number: 647-723-6382

EUC Member #: \_\_\_\_\_

### Message from the Secretary

- Please fill out both sides of the following form **COMPLETELY** & return it to the Secretary along with your membership fee.
- Included in the form is a self sign medical. For your safety & that of the Club, we ask that all members complete the annual physical checklist.
- All members are asked to update their online profiles through the website. All information submitted is confidential & available only to the members of the Board on a need to know basis.
- Initial & sign the Waiver, Statement of Understanding & Liability Release.

### Membership Information

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_

**Cell Phone:** (    ) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date of Birth:**    MM / DD / YYYY

Check if you do wish to receive **FINS Below Newsletter** notification by email: \_\_\_\_\_

### Emergency Contact Information

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone#:**(    ) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

### Certification Information

**I hold the following certification:**  
(Please check the highest applicable box)

- Basic Open Water Diver
- Advanced Open Water Diver
- Rescue Water Diver
- Other \_\_\_\_\_

**Professional level certifications:**

- Divermaster
- Assistant Instructor
- Instructor
- Is your supervisor/teaching status active? Please provide proof of active status.
- Do you need a Proof of Insurance certificate?

**List All Highest Level & Specialty Certifications**

Agency	Level	C-Number

### Additional Certifications

Description	Expiry Date
First Aid	
C.P.R	
O2 Provider	

### Fee Schedule

**Club Initiation fee**  
Payable by new members who were not originally trained & certified by EUC.

**Regular Membership**  
Entitles you to all member privileges including mailings, voting rights, subsidized activities.

**Family Membership**  
Entitles you to all Regular membership privileges minus paper mailings.

**Associate Membership**  
For non-diving members that live a considerable distance (100+ km) from the Club for Club mailings only. No SCUBA diving or pool privileges. No OUC membership or Liability Insurance coverage.

**Swimming Membership**  
Allows the use of the pool for swimming & snorkeling only. No SCUBA diving or other privileges with this membership.

**Ontario Underwater Council Membership Fee**  
Mandatory. EUC is an OUC Member Club & complies with OUC regulations. EUC Club members are Blue OUC members.

**Liability Insurance Fee**  
Mandatory. Club members are covered while engaged in sanctioned & supervised diving, training & non-diving activities.

**OUC Gold Membership Upgrade**  
To upgrade your membership from the standard Blue OUC membership to the Gold OUC membership.

	Member Dues	OUC Fee	Insurance Premium	Sub Total	Fees
Initiation Fee (New Members)	\$0	-	-	\$0	
Regular (Principal) Member	\$83	\$20	\$20	\$123	
Regular Member early payment discount before Feb 1	(\$5)	-	-	(\$5)	
2nd Family Member	\$48	\$20	\$20	\$88	
Each additional Family Member	\$28	\$20	\$20	\$68	
Swimming Membership	\$38	\$20	\$20	\$78	
Associate Membership	\$35	-	-	\$35	
Life Membership (active)	\$0	\$0	\$0	\$0	
<b>Deductions / Additions</b>					
OUC Life Member	-	(\$20)	-	(\$20)	
OUC Gold member upgrade	-	\$17	-	\$17	
				<b>Total Monies Due:</b>	
<b>OFFICE USE</b>	<b>CASH \$</b>	<b>CHQ#</b>			