



www.euc.ca

2025 Membership Application & Annual Renewal Form

Complete fillable forms digitally or print, fill out and email back.
Membership will only be current once both Membership Form AND payment are delivered.

E-transfer funds to euc_treasurer@euc.ca

Email completed forms to euc_secretary@euc.ca

All Members

Member Information

Last /First Name: _____
 Address: _____
 City: _____
 Postal Code: _____
 Mobile: _____
 Other Phone: _____
 E-mail: _____
 Date of Birth: _____
 MMM/DD/YYYY

Check if you DO NOT wish to receive FINS Below Newsletter and Bubble Blower notifications by email:

Emergency Contact Information

Last/First Name: _____
 Relationship: _____
 Phone: _____
 City: _____
 Secondary Contact
 Last/First Name: _____
 Relationship: _____
 Phone: _____
 City: _____

Divers Alert Member (DAN) #: _____
 (if applicable)

Membership	Select one	Member Dues	OUC Fees	Total Fees
Regular Member (Diving)		\$20	\$50	\$70
Social member (Non Diving)		\$20	-	\$20
Life Member (Active)		\$0	\$0	\$0

Fee Schedule

Refer to [EUC Policy & Procedures Manual](#) for full breakdown as well as OUC Risk Management document for OUC regulations.

Regular Membership (Diving)

Entitles you to all member privileges including communications, voting rights, subsidized activities.

Social Membership (Non Diving)

Entitles you to all member privileges including communications, voting rights, subsidized activities. No OUC membership or Liability Insurance coverage.

Life Membership (Diving)

Voted in by club membership Includes all privileges of Regular membership

Ontario Underwater Council Membership

OUC Fee and Liability Insurance is mandatory for Diving membership. EUC is an OUC Member Club & complies with OUC regulations. Club members are covered while engaged in sanctioned & supervised diving, training & non-diving activities.

Liability Release

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.

_____ I am hereby willing to assume the above mentioned risks of injury or health risks including communicable diseases, for myself & assume full responsibility during & after my participation in any ETOBICOKE UNDERWATER CLUB sanctioned activities & I therefore hereby release & forever discharge the ETOBICOKE UNDERWATER CLUB & 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 sanctioned activities.

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

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

Dated this _____ (day) of _____ (month) 2025

Signature _____
 Adult member or Parent / Guardian if individual is under 18 years of age

Additional page for Regular (Diving) & active Life Members

Certification Information

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

Certified Diver **Professional level certifications:**

- | | |
|--|---|
| <input type="checkbox"/> Basic Open Water Diver | <input type="checkbox"/> Divemaster |
| <input type="checkbox"/> Advanced Open Water Diver | <input type="checkbox"/> Assistant Instructor |
| <input type="checkbox"/> Rescue Water Diver | <input type="checkbox"/> Instructor |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Is your supervisor/teaching status active?
Please provide proof of active status.

List All Highest Level & Specialty Certifications

Agency	Level	C-Number
Additional Certifications		
	Description	Expiry Date
First Aid		
C.P.R		
O2 Provider		

Annual Physical Condition Checklist

EUC always advises you consult a dive physician or DAN for medical advice on specific issues.

Substance use must not be combined with diving. DM has right to refuse at their discretion.

- | | |
|---|------------------|
| > Persistent Headaches | > Ear Trouble |
| > Persistent Coughs | > Hay Fever |
| > Severe Frequent Colds | > Chest Pains |
| > Dizziness or Fainting | > Heart Trouble |
| > Epilepsy | > Claustrophobia |
| > Asthma | > Tuberculosis |
| > High Blood Pressure | > Serious Injury |
| > Motion Sickness | > Pneumothorax |
| > Allergies to Drugs | > Dentures |
| > Regular Medication | > Smoking |
| > Glasses / Contacts | > Pregnant |
| > Sinus Trouble | > Diabetes |
| > Operation and/or hospitalization in past year | |
| > Any other serious injury, accident, chronic health issue or illness not mentioned above | |

If any of the above applies to you, please explain:

Date of last medical examination:

MMM / DD / YYYY

Are you registered with Medic Alert, please specify:

Insurance Waiver, Liability Release & Statement of Understanding for Diving Members

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.

The specifics of the Liability Insurance Policy are posted on the OUC website for review.

_____, I, _____ understand that the ETOBICOKE UNDERWATER CLUB'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 SCUBA diving events.

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

_____, 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 of these changes.

_____, I understand that it is my responsibility to make the Convener of an event, Dive master, 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.

Dated this _____ (day) of _____ (month) 2025

Signature: _____

Required by adult diver or Parent / Guardian