

CLUB MEMBERSHIP



DIVE CLUB MEMBER INFO

Ph#: _____

First Name: _____ AGE: _____ (optional)

Last Name: _____ Email: _____

SCUBA LEVEL: _____ UCF PID#: _____
(required for SGA sponsored trips)

UCF Affiliation:

FRESHMAN SOPH. JR SR GRAD (circle one)
ALUMNUS FACULTY VCC STAFF OTHER

MAJOR: _____

Do you own your own gear? ALL SOME NONE

Do you plan to checkout gear from the club? YES NO MAYBE

Would you like to be added to the diveucf@hotmail.com e-mail list? YES NO

Waiver:

I, the undersigned, volunteer to participate in activities sponsored by the Dive Club @ UCF, I also understand that such participation in any club function may exposed me to certain risks of injury or death, including the failure to supervise properly. I hereby release the Dive Club and/or the University of Central Florida, its officers, agents, or employees from any and all claims or liabilities for injuries to my person (including death) or property, in any way arising out of my participation in any club function.

Signature: _____

Date: _____