



**Southern California Dive Club  
of the  
Inland Empire**  
[www.scdcie.com](http://www.scdcie.com)

**Membership Application**

**Dive Shops WILL NOT Accept  
Applications, Waivers of  
Liability or Statement of Safe  
Diving Practices.**

*Please mail all completed forms  
& waivers with payment to:*

**SCDCIE**

**Membership Director  
2910 S. Archibald Ave, # A-220  
Ontario, CA 91761**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Home:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Pager:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Certification Level:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

(NAUI, PADI, SSI, YMCA, etc.)

**Buddy List? (Circle One) Yes No**

I fully understand the risks involved with SCUBA Diving and will not hold the "Southern California Dive Club of the Inland Empire", any of its officers or members liable as a result of any personal injury or loss or damage to SCUBA equipment while participating in a "Southern California Dive Club of the Inland Empire" event. \_\_\_\_\_ **Initial**

I have been given the opportunity to review the Club By-Laws and Policies & Operating Procedures (POP's) established by The Club. I understand and agree to abide by the POP's of The Club and to obey the directions of the Club Leaders, organizers, officials and officers during all Club activities. I understand that my disobedience to the above may result in the immediate termination from the Club, including suspension of all Club benefits. I hereby grant full permission of The Club to use photographs, videotapes, and or record of my participation in Club activities, including my name, likeness, and/or voice. \_\_\_\_\_ **Initial**

SCUBA Diving is inherently risky. I understand that the possibility of death or injury as a result of an air embolism, decompression sickness, sinus barotraumas, ruptured eardrum, hazardous marine life, drowning, equipment malfunctions, or other accidents cannot be entirely eliminated. \_\_\_\_\_ **Initial**

I also understand that some club-scheduled dives may be beyond my or my family member's present capabilities and I will not attempt that event without prior training or counseling. \_\_\_\_\_ **Initial**

I understand that the "Southern California Dive Club of the Inland Empire" only establishes locations, times, dates, and dive site skill level for each dive event and cannot be held responsible for my safety. \_\_\_\_\_ **Initial**

I understand and accept the fact that the benefits I receive as a club member are for my personal use as a recreational diver. I understand my name and members of my family who have joined the Club names will be given to our Supporter for purpose of verification in their Dive Centers. If our Supporter determines that the benefits (air fills, discounts, etc.) are being used for commercial purposes, the benefits I receive as a member may be changed or revoked by the Club or by our Supporter. \_\_\_\_\_ **Initial**

***I have fully read, understand and accept the risks and conditions above.***

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Family Member Information:**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

**Certification Level:** \_\_\_\_\_ **Agency:** \_\_\_\_\_  
(NAUI, PADI, SSI, YMCA, etc.)

**Buddy List? (Circle One)**    Yes    No

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

**Certification Level:** \_\_\_\_\_ **Agency:** \_\_\_\_\_  
(NAUI, PADI, SSI, YMCA, etc.)

**Buddy List? (Circle One)**    Yes    No

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Initial:** \_\_\_\_\_

**Certification Level:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Yes**    **No**

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PADI, SSI, YMCA, etc.)

**Buddy List? (Circle One)**

**Membership Dues:**

**Please Check**

<b>Annual SINGLE Dues - \$25.00, PLUS \$10.00 Application Fee</b>	~
<b>Annual FAMILY Dues - \$50.00/Couple, PLUS \$10.00 Application Fee</b>	~
<b>Family Members 18 &amp; over: \$25.00/additional Family Member</b>	~
<b>Family Members <i>under the age of 18</i>: \$10.00/Child (Associate Member)</b>	~

These terms were adopted November 15, 2002, by the SCDCIE Board of Directors. *Applications, Waivers and Statement of Safe Diving Practices* are available at the Club's monthly meetings, Board of Director's meetings, Club Dive Activities, or off the Club's Website at [www.scdcie.com](http://www.scdcie.com). If expiration date exceeds 3 months, members must rejoin club at the Single or Family rate PLUS an Application Fee. All members will be required to sign a *Statement of Risk and Release of Liability and Safe Diving Practice Statement* at each and every SCDCIE Dive

