



Dive Warriors

Dive Warriors
PO Box 69265
West Hollywood, CA 90069
info@divewarriors.org

First Name: _____ MI: _____ Last Name: _____

Home Phone (____) _____ Cell Phone (____) _____

Home Address: _____

City/State _____ Zip Code _____

Email: _____ DOB _____

Height _____ Weight _____ Shoe Size _____ Gender M F

In what branch of the service did you serve?

- USMC/USMCR USCG/USCGR NAVY/USNR ARMY/USAR
 USAF/USAFR ARMY NATIONAL GUARD AIR NATIONAL GUARD

Month and Year of Injury/Illness _____ My disability is from:

- Combat wounded non-combat injury/illness in war zone (Theater of Operation)
 Training accident Off duty accident/illness CONUS or OCONUS outside war zone
 Injury/illness after discharge from active service or mobilization

VA disability rating of _____ %

- Discharge Honorable Less Than Honorable Medical Dishonorable
 Other

If other please explain _____

SCUBA Certification Information

INSTRUCTOR ASST INSTR DM RESCUE AOW BOW NONE

Agency _____ No: _____

Special Certifications: EMT Rescue First Aid CPR AED Life Guard

Number of Dives: _____ Number of Dives Past 12 Months _____

Approx Date of Last Dive: _____

Dive Accident Insurance (DAN, etc) *

Dive Insurance Yes No

DAN # _____ Exp Date _____

- **All certified divers must have DAN insurance in order to dive with Dive Warriors.**

HSA Certification

None HSA_Instructor HSA_DM HSA Dive Buddy HAS Cert No _____

Special Skills _____

*Dive Professionals please provide copies of the following Professional Dive Liability Insurance policy

Company _____ Policy # _____

I certify by my signature below that the information on this application form is accurate and true.

Print Full name: _____

Signature: _____ Date: _____

DIVE WARRIORS MEMBERSHIP APPLICATION FORM

First Name _____ MI _____ Last Name _____

RELEASE and AGREEMENT. Read carefully and initial each paragraph below. Sign at the bottom to signify your agreement.

_____ **CONFIDENTIALITY AGREEMENT:** I understand and agree that in performing my services as a volunteer of Dive Warriors, I must hold student medical and other confidential information in strict confidence. Other than to members of the Instruction team for the class where I am volunteering. I agree not to disclose any medical or private/confidential information.

_____ **LIABILITY RELEASE:** Dive Warriors, a California non-profit corporation, is engaged in SCUBA instruction classes and the sport of SCUBA diving for the handicapped and their dive buddies. SCUBA Diving is an adventure sport with inherent risks which could result in severe injury, paralysis or death. Dive Warriors and all of its officers and directors are hereby release from any liability for injuries incurred while participating as a volunteer in any capacity including he adventure sport of SCUBA Diving. I agree that I and I alone are responsible for my SCUBA Diving decisions including determining the suitability of a dive site and conditions. I undertake the sport of SCUBA Diving of my own free will and have been properly trained by an internationally recognized SCUBA certification agency. I and I alone bear the full responsibility for my dive decisions.

_____ **MEDICAL:** I certify I am in good health with no known medical conditions that would prevent me from SCUBA Diving. I understand it is my responsibility to maintain my health and not to dive if I am not physically fit to do so.

_____ **PHOTO RELEASE:** I hereby release and grant to Dive Warriors my consent to the use of my likeness or photograph in the form of pictures in print, electronic media, including internet, their websites, literature, advertising, new releases, DVD/CD, Television and Film presentations.

By my signature below I agree and consent to the above agreements and releases

Print Name: _____

Signature: _____ Date: _____



CODE OF CONDUCT

Acts of misconduct shall subject the Staff Members, Dive members, volunteers and Caregivers to disciplinary action. Allegations of misconduct against any Diver Warriors Staff-member, Dive Member, Volunteer, Caregiver and/or entire organization should be addressed with Dive Warriors main office in Los Angeles. Acts of misconduct may be defined as conduct or behavior that may compromise the integrity of Dive Warriors and are prohibited. Such misconduct includes but is not limited to:

- Violation of any local, state, or federal law, violation of the Code of Conduct or any other policy, rule, or regulation
- Consumption of alcohol or drugs by any Staff Member, Dive Member, Volunteer, Caregiver or any other affiliate of Dive Warriors at any event, trip, or function that involves scuba diving (This is a zero-tolerance policy and will result in immediate suspension of the member).
- All members agree to follow staff instructions at all times, especially instructions given to divers underwater. Failure to obey will result in suspension and expulsion.
- Harassment or sexual harassment
- Repeatedly missing planned events after confirming your attendance without canceling 48 hours in advance.
- Sexual assault or misconduct
- Striking, attempting to strike, or otherwise physically abusing any person during an event.
- Inciting members to violent or abusive action intentionally, or with careless disregard for one's conduct
- Using obscene gestures or profane provocative language or action toward any other member of Dive Warriors.
- Using the Dive Warriors name or logo in any way to raise funds without the organizations express written consent.
- Committing any act of misconduct not specifically described above shall subject violators to any of the described penalties which the Dive Warriors Board of Directors determines most suitably addresses the conduct involved.

In addition to any assessed penalty, Dive Warriors may take any remedial action believed to be proper to deter any future misconduct. Staff Members, Dive Member and Caregiver concerned about inappropriate activity by another Staff Member, Dive Member, Volunteer or Caregiver should contact Dive Warriors Main Office for assistance.

I, the undersigned have read and agree to the rules above. I furthermore understand that any violation of the above stated rules could result in my membership from Dive Warriors being revoked.

PRINT NAME

DATE

SIGNATURE

PHYSICAL REQUIREMENTS

You may be asked by a Dive Warriors Staff Member to demonstrate that you are in good physical shape and are capable of the following activities. Please write YES or NO to the following activities.

_____ I can swim 200 yards without stopping without fins.

_____ I can tread water for 10 minutes.

_____ I can swim underwater for 50 feet.

_____ I can swim 300 yards with mask, snorkel and fins.

Name

Date

FOR STAFF MEMEBERS ONLY

- PASS FAIL 200 YARD SWIM
- PASS FAIL TREAD WATER 10 MINUTES
- PASS FAIL SWIM UNDER WATER 50 FEET
- PASS FAIL SWIM 300 YARDS WITH MASK, SNORKEL & FINS
- INDIVIDUAL IS FIT ENOUGH FOR SCUBA DIVING
- INDIVIDUAL IS NOT FIT ENOUGH FOR SCUBA DIVING AND NEEDS TO IMPROVE.

STAFF MEMBER

DATE