



ULLAPOOL SUB AQUA CLUB

MEMBERSHIP APPLICATION FORM

Name:.....

Address:.....

.....

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Postcode:

Tel:.....

Date of Birth:.....

Mobile:.....

Date Joined SSAC:.....

Email address:.....

Please provide your next of kin and their contact details:

Name:.....

Tel:.....

Relationship to you:.....

Declaration

I agree that I undertake underwater swimming at my own risk and responsibility, and that Ullapool Sub Aqua Club and its committees shall not be held liable for any loss or injury I may sustain.

I am not suffering from any physical complaint or ailment that may jeopardise my safety or wellbeing while taking part in the sport.

Signature(s):.....Date:.....

Signature of parent or guardian if under 18 years of age

..... Date:.....

