



2020 SECONN Membership Application

(Membership runs October - September)

www.SECONNDivers.org

Name : _____ Date : ____/____/____
 Street : _____ Birthday : ____/____/____
 City, ST : _____ Phone : (____) _____
 Zip : _____ Email* : _____
 Referring Dive Shop: _____ **Please print clearly, especially your email address.**

Please check the appropriate selections:

New Member Renewing Member Certified Diver Non-Diver Open Water Student

I would like to receive the SECONN newsletter via Email

**SECONN will use your email address only to send you our newsletter and, occasionally, time sensitive information such as rescheduled dives, news bulletins, etc. SECONN strongly believes in maintaining your privacy and will not sell, rent, loan, trade or lease your information to anyone. The newsletter can always be downloaded free from SECONN's website at www.seconndivers.org*

Liability Waiver for SECONN Members Participating in Club Diving Activities

I, (Print Name) _____, affirm that I am a certified SCUBA diver and have received and now hold at least a basic Open Water Certification from SSI, PADI, NAUI, YMCA or other internationally recognized diving certification agency. I understand the hazards of SCUBA diving and that these hazards include, but are not limited to, air expansion injuries, drowning, decompression sickness, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat and other perils of the sea. By signing this release, I certify that I am fully aware of and expressly assume these and all other risks involved in making such a dive or dives, whether conducted as a recreational dive or part of any other activity associated with the South East Connecticut Skin Divers, Inc. (hereinafter called "SECONN"). I understand and agree that neither SECONN, its officers and members, employees, agents or assigns of the above listed individuals and/or entities (hereinafter called "Released Parties") may be held liable or responsible in any way for any occurrence which may result in personal injury, property damage, wrongful death or damage to me or my family, heirs or assigns that may occur as a result of my participation in SECONN activities and SCUBA dive(s) or as a result of the negligence of any party, including the Released Parties, whether passive or active. I understand that the Released Parties are not responsible for overseeing diving safety or establishing prospective divers' fitness to dive. It is my intention by signing this Agreement to hold the Released Parties harmless and to waive my rights and those of my estate, heirs, executors or assigns to sue me and or all Released Parties. I further state that I am of lawful age and legally competent to sign this liability release or that I have obtained the consent of my parent or guardian.

Signature of applicant: _____

Co-signature of Parent/Guardian if applicant is a minor: _____

Certifying Agency _____ Certification Level _____ Certification Date _____

Date of last dive _____ Number of dives in last 12 months _____ DAN Number _____

SECONN Membership Type/Fee (check one): Individual/\$30; Full-time student/\$15; New Diver/FREE;

Military/\$15 (You must show proof of your military status- active duty or reserve - to obtain this discount)

Family (spouse & dependent children)/\$45 (Please submit one membership application form for each family member.)

Members of DAN may deduct the following amounts by submitting printed evidence of current DAN membership (check one):

Individual/Full-time student/Military/\$5; Family/\$10

Personal checks are preferred. Make checks payable to: SECONN, PO Box 312, Uncasville, CT 06382. Cash/Credit Cards is(are) accepted in person.

PLEASE DO NOT MAIL CASH!! Paid by: Check Cash CC

Contact: officers@seconndivers.org

Receipt for Cash Payment: Received from: _____ \$ _____ Cash as payment of Dues

Date: _____ Received by: _____ on behalf of SECONN