WELCOME TO THE UNDERSEA WARRIORS SCUBA DIVING PROGRAM!

On behalf of everyone in the Undersea Warriors, Inc. organization, we thank you for your service to our country and we are excited about your interest in being part of the Undersea Warriors SCUBA Diving Program.

We are a team of Veterans and civilians whose mission is to provide recreational therapy through the sport of SCUBA Diving. We welcome all Veterans and civilian volunteers to assist beneficiary Veterans who have been diagnosed with PTSD, TBI, CAD, Anxiety, Depression and or MST.

Now down to business: Attached to this letter are the following forms that must be completed (as much as possible) and additional documents required and returned by email to **newmember@underseawarriors.net**

Completed registration and documents must be received prior to attending your Try SCUBA Diving class or, if you're a certified diver, join a dive with the undersea Warriors.

1. **Undersea Warriors Member Registration, which includes UW Release of Liability, Media Release, Communications, Consent to Treat & Medical History and (if applicable), Request for a Private Medical Evaluation**

   Include with the above completed registration, please include the following forms

2 If you are SCUBA Certified, a Copy of all SCUBA certifications (including year certified) – Agency: PADI, NAUI, SSI, SDI

3 **The Attached Diver Medical Participant Questionnaire. THIS IS A MUST BE COMPLETED AND READ THE DIRECTIONS REGARDING A "YES" TO QUESTIONS 3, 5 OR 10 YOU WILL NEED A DOCTOR'S SIGNATURE BEFORE YOU STEP INTO THE POOL**

4 **Your DD-214** (Please Redact your SS#) (https://www.va.gov/records/get-military-service-records/)

We look forward to meeting you and seeing you in the water!

Respectfully,

Gary Roskin

Gary Roskin
President & Co-Founder
Undersea Warriors, Inc.
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UNDERSEA WARRIORS SCUBA DIVING PROGRAM
MEMBER REGISTRATION FORM

* Denotes a Required field

CHAPTER: ☐ **POMPANO BEACH** ☐ **POPLAR BLUFF**

***Full Name (F, M, L):** _____ _____ _____

***Email Address):** _____

***Address:** _____

***City:** _____ *State: _____ **Zip:** _____

***Hometown** (if different from current address): _____

***Cell Phone:** (___) _____

☐ **I agree to receive notices and program information by text.**

*Age: _____ *Birthdate: _____ *Height: _____ *Weight: _____

I am: ☐ Single ☐ Engaged ☐ Married ☐ Divorced ☐ Other: _____

Spouse or Partner Name: _____ Number of Children: _____

Occupation/Employer: _____

What High School Did You Attend? _____

Grad Year: _____

Any Post HS Education? _____

Degrees Earned? _____

☐ **I AM A CIVILIAN OR A VETERAN WITHOUT A DISABILITY RATING AND REGISTERING AS A VOLUNTEER DIVE BUDDY**

ALL INFORMATION WILL REMAIN CONFIDENTIAL

***YOU MAY REDACT ANY PERSONAL INFORMATION AS YOU FIND NECESSARY WITH THE EXCEPTION OF YOUR FULL NAME AND CHARACTER OF SERVICE ON YOUR DD-214**

MY MILITARY INFORMATION

***Branch Served (Check all that apply)**

_____ Army (Reserve, National Guard) Reserve

_____ Navy (Reserve)

_____ Air Force (Reserve, National Guard)

_____ Marine Corps (Reserve)

_____ Coast Guard (Reserve)

_____ Other (Please Specify)_____

***Unit(s) Served With:**

_____

***Number of Years Served**: _____ ***What year(s)?** _____

Rank (optional): _____

***(Please Check All That Apply)**

I honorably served in a combat zone: ☐ Y ☐ N (Please specify where): _____

I honorably served during peacetime: ☐ Y ☐ N

*Briefly describe your MOS: _____

MY PHYSICAL CONDITION AND SCUBA HISTORY

*I can swim 200 yards without any swim or buoyancy aids. ☐ Y ☐ N ☐ Not sure

*I can float or tread in water too deep to stand for ten (10) minutes with my face remain clear of the water for the duration of the exercise. ☐ Y ☐ N ☐ Not sure

*Have you ever had, or do you have now, any injury or condition that you feel may prevent you from participating in a SCUBA Diving Program? ☐ Y ☐ N ☐ Not sure

*Have you ever had, or do you have now, any injury or condition that you feel may be aggravated by participating in SCUBA Diving Program? ☐ Y ☐ N ☐ Not sure

If you answered yes or not sure to either of the previous two questions, please provide a brief explanation _____

_____

*Today, I feel that I am in good health. ☐ Y ☐ N

*Today, I feel that I am in adequate physical shape to participate in a SCUBA Diving Program that includes Shore Dives and Boat Dives. ☐ Y ☐ N

***SCUBA INFORMATION AND BACKGROUND**

*Please check boxes which best describe your SCUBA experience (Select All the Applies):

_____ I am a certified diver since _____, ☐ **PADI** ☐ **NAUI** ☐ **SSI** ☐ **SDI** but it has been a long time since I've been diving, and I would like to take a refresher course or get recertified

_____ I am a certified Open Water Diver. Year Certified _____ ☐ **PADI** ☐ **NAUI** ☐ **SSI** ☐ **SDI**

_____ I am a Certified Advanced Open Water Diver. Year Certified _____ ☐ **PADI** ☐ **NAUI** ☐ **SSI** ☐ **SDI**

_____ I am NITROX Certified Diver. Year Certified _____ ☐ **PADI** ☐ **NAUI** ☐ **SSI** ☐ **SDI**

_____I am a Certified: ☐ **Rescue** ☐ **Dive Master** ☐ **Dive Master Instructor**

***(Please answer the following questions)**

IN THE LAST 12 MONTHS, I HAVE _____ NUMBER OF RECORDED DIVES.

UNDERSEA WARRIORS STATEMENT OF UNDERSTANDING AND PERSONAL COMMITMENT

The purpose of this Statement of Understanding and Personal Commitment is to provide each potential member with the **Undersea Warriors SCUBA Diving Program's** expectations. We want you to know what you are committing to, so there are no surprises.

If you have not been SCUBA diving (maybe you have been on a vacation at a resort) and you are not a **certified** SCUBA diver, you will begin your Underwater Warrior journey by attending a **Try SCUBA Diving** class. The **Try SCUBA Diving** class is conducted in a pool built for dive training and monitored by certified Dive Instructors. All necessary equipment will be provided for you to use.

After the class, **if you decide the Undersea Warriors SCUBA Diving Program is for you**, you will be making your commitment to yourself and the Undersea Warriors program that you want to become a certified diver. In order to receive the benefits this therapy and program offers, you must be willing to complete the E-Learning and Open Water Dives to receive your SCUBA certification.

Our mission is for every member to receive the necessary education and training to become a certified Open Water I and Nitrox Enriched Air diver. You will be trained by Master Dive Instructor(s), who always have your safety as their priority.

When you have completed your training and receive your certification, you will be able to participate in and enjoy local diving activities and dive trips domestically and abroad. You will also be able to continue your training to more advanced and specialty certifications.

In addition to SCUBA diving for therapy and personal enjoyment, the Undersea Warriors members will participate in marine and coral restoration projects, community service and fundraising activities. As a member of the Undersea Warriors, we count on your participation on a regular basis. Without you there are no Undersea Warriors.

As you will see, a lot of time and energy is invested by our staff leaders, instructors and volunteers. In addition, we solicit financial support from individuals, corporations and other non-profit groups, so we can offset some or all the costs associated with our program.

Out of respect, it is important that these resources are not wasted. The Undersea Warriors will be working with local dive centers to provide all necessary SCUBA equipment (initially rental gear) and instruction for you to earn your SCUBA certifications. Please complete the following:

I, (First, Middle, Last Name) _____ hereby certify that all of the information I have provided on this registration form is true to the best of my knowledge. I also understand that I elect to participate in the **Undersea Warriors SCUBA Diving Program** at my own risk.

I understand that any equipment I use **that I do not own** will be either be property of the dive shop and/or the **Undersea Warriors SCUBA Diving Program** and that I will be personally and financially responsible for any equipment that I do not return.

Signature: _____ Date:_____

Printed Name: _____

UNDERSEA WARRIORS RELEASE OF LIABILITY

This release is for post SCUBA certifications and during all Undersea Warriors, Inc. diving events and when any other Release of Liability is not provided by a third party (i,e. Dive Shop, Dive Boat, affiliation with a Dive Trip or Live Aboard Dive Trip either Domestic or International, etc.)

I _____ (Full Name) hereby affirm that I am of legal age and aware that SCUBA diving has inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber.

I further understand that the open water diving trips which are necessary for training, for certification and for recreation may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber.

I choose to proceed with such instructional and recreational dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that Undersea Warriors who promoted this course, nor any dive training agency mentioned, nor their affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as “Released Parties”) may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this online course or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this online course, hereinafter referred to as “program,”

I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me as a result of this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or thereafter.

I also understand that SCUBA diving is a physically strenuous activity and that I will be exerting myself performing the skills associated with this program, and that if I am injured or die as a consequence of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said consequence and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to agree to this liability release.

I understand the terms herein are contractual and not a mere recital, and that I have agreed to this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights.

I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death.

I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I have fully informed myself and my heirs of the contents of this liability release by reading before participating in the program on behalf of myself and my heirs. By proceeding to take any undersea warriors sponsored online course, I agree to this liability release.

Signature: _____ Date:_____

Printed Name: _____

UNDERSEA WARRIORS MEDIA RELEASE

As part of the **Undersea Warriors SCUBA Diving Program**, the Undersea Warriors staff may or will be taking photos and videos of events in which you may be participating in.

By signing this release, you assign and grant to Undersea Warriors, Inc. and those acting under its permission, all rights, all title and interest and the right unqualified right to use my name, image, likeness, voice and information about me for all purposes, commercial, web/social media, or otherwise as the Undersea Warriors sees fit, including publicity about the program or promotional purposes.

I also understand that my voice and likeness may be recorded and /or edited, and that it may be published in any manner and for uses that the Undersea Warriors may deem appropriate.

Signature: _____ Date:_____

Printed Name: _____

UNDERSEA WARRIORS PRIVACY STATEMENT

I understand and agree that for the purpose of membership, diver training and travel planning, Undersea Warriors will retain the personal information I have provided on this Member Registration and any additional forms and documents.

I understand that this information, which includes, but is not limited to, my name, mailing address, phone number, date of birth will be considered confidential and only Undersea Warriors, Inc. personal will have access to this information.

Undersea Warriors will take all reasonable steps to ensure that this data is private and protected. I consent to Undersea Warriors accessing this information for purposes of verifying my information.

Upon separation from the Undersea Warriors SCUBA Diving Program, for any reason, by me or the organization, my registration, additional forms and documents, with the exception of the Media Release, will be deleted and or shredded.

UNDERSEA WARRIORS COMMUNICATIONS

I will communicate as quickly as possible with my instructor, my chapter members and Undersea Warriors Staff. The best form of communication for me is (please check all that apply):

- ☐ Cell Phone
- ☐ Email
- ☐ Text
- ☐ All Three

HOW DID YOU HEAR ABOUT THE UNDERSEA WARRIORS SCUBA DIVING PROGRAM?

Please check all that apply:

- ☐ UW Member Referral UW Member Name: _____
- ☐ PTSD USA Meeting or the VA
- ☐ Internet Search
- ☐ Email
- ☐ Local Dive Center
- ☐ Another Nonprofit
- ☐ Social Media
- ☐ Undersea Warriors Website
- ☐ News story on local or national broadcast TV

PLEASE LET US KNOW THE BEST DAY OF THE WEEK AND TIME OF DAY FOR YOU FOR DIVING – THIS WOULD BE FOR SCHEDULED WEEKLY DIVES AND DOES NOT INCLUDE SPECIAL DIVES (i.e NIGHT DIVES, KEYS DIVES, ETC.)

1st Choice Day of Week_____ Time of Day: _____

2nd Choice Day of Week_____ Time of Day: _____

3rd Choice Day of Week_____ Time of Day: _____

4th Choice Day of Week_____ Time of Day: _____

CONSENT TO TREAT & MEDICAL HISTORY FORM

This is to certify that on this date, I _____, for myself as an adult participant, give my consent to Undersea Warriors and its representative to obtain medical care from any licensed physician, hospital, or clinic for the above-mentioned participant, for any injury that could arise from participation in Undersea Warriors organized events.

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Physician's Name: _____ Phone: _____

Hospital of Choice (if you have one): _____

COMPLETION OF MEDICAL HISTORY INFORMATION BELOW

MEDICAL HISTORY

Have you had (or do you currently have) any of the following?
If the answer to any of the following questions is yes, please describe the problem and its implications for proper first aid treatment.

- ☐ Head Injury *(concussion, skull fracture)*
- ☐ Convulsions/epilepsy
- ☐ Asthma
- ☐ Kidney problems
- ☐ Heart murmur
- ☐ Allergies _____
- ☐ Fainting spells
- ☐ Neck or back injury
- ☐ High blood pressure
- ☐ Hernia
- ☐ Diabetes

_____
_____
_____
_____

☐ Other _____

Has a doctor placed any restrictions on your activity? ☐ Yes ☐ No If yes, please explain.
_____
_____

Have you had a recent tetanus booster? ☐ Yes ☐ No If yes, when? _____

Are you currently taking any medications? ☐ Yes ☐ No If yes, please list medications we should be aware of below.

_____ _____ _____ _____ _____

Signature: _____ Date:_____

Printed Name: _____