



DIVERS ALERT NETWORK SOUTHERN AFRICA

STUDENT MEMBERSHIP APPLICATION

*Mandatory fields to be completed

DAN-SA Student Membership is a unique programme for entry-level divers undergoing their initial training. (Only initial entry-level courses leading to certification as a recreational diver are accepted – Discover Scuba Diving or resort courses and similar courses are not accepted.) It provides dive medical benefits for the duration of the course up to a maximum of six weeks. Students must be enrolled by their instructors before undertaking their practical training and it is strongly recommended that they be enrolled on the first day of the course. This level of membership can only be issued by a certified diving instructor providing training to entry-level students. Student members receive an invitation and application form to enroll as full members on completion of their course. Thank you for supporting DAN-SA: your dive safety association! For more details regarding the Student Membership benefits refer to the Student membership guide.

Please note: For students to qualify for free benefits, the instructor conducting the course must be an active Master DAN-SA member. Students will not receive benefits until the application form has been received.

Details of training facility or instructor

*Name of certifying instructor:

Name of dive operator (if applicable):

Training agency (e.g. PADI, NAUI or SSI):

*Type of diver: Scuba Spearfisher Freediver

*Are you a DAN member? (mark with an X): Yes No

*DAN membership number:
Master membership is required.

*ID/Passport number:

Postal address:

 Code:

Telephone (W): Telephone (H):

*Cell phone: Fax:

*Email address:

*Name of facility:

I, the undersigned, being a certified, active status instructor in good standing with my training organisation, hereby certify that the mentioned individuals are entry-level divers participating in initial training. I understand that I am required to inform students about DAN-SA who are enrolled in the Student Membership programme. Also, I understand that I am required to submit the completed form prior to any practical training and that neglecting to do so may result in repudiation of claims arising from any injuries sustained during training. Furthermore, I understand that the period of membership benefits is limited to diving activities offered as part of the entry-level course only which includes the maximum hours of pool training, a maximum of open water dives according to my training organisation standards and a period not exceeding six weeks. If the period for completing the course exceeds this time, a new application is required. Finally, I understand that the depth limit is 18 m or in accordance to the standards for an entry-level course as specified by my training organisation.

Name of instructor

Course start date

This application is only valid if signed off by the issuer:

Name of authorised issuer

Date

Student details

1. *Surname: *Title:
*First name/s:
*Date of birth:
*ID/Passport number: Country:
*Postal address:

 Code:
Telephone (W): Telephone (H):
*Cell phone: Fax:
*Email address:
*Type of diver: Scuba Spearfisher Freediver
*Medical aid name:
*Medical aid number:

2. *Surname: *Title:
*First name/s:
*Date of birth:
*ID/Passport number: Country:
*Postal address:

 Code:
Telephone (W): Telephone (H):
*Cell phone: Fax:
*Email address:
*Type of diver: Scuba Spearfisher Freediver
*Medical aid name:
*Medical aid number:

3. *Surname: *Title:
*First name/s:
*Date of birth:
*ID/Passport number: Country:
*Postal address:

 Code:
Telephone (W): Telephone (H):
*Cell phone: Fax:
*Email address:
*Type of diver: Scuba Spearfisher Freediver
*Medical aid name:
*Medical aid number:

Student details (continued)

4. *Surname: *Title:
*First name/s:
*Date of birth:
*ID/Passport number: Country:
*Postal address:

 Code:
Telephone (W): Telephone (H):
*Cell phone: Fax:
*Email address:
*Type of diver: Scuba Spearfisher Freediver
*Medical aid name:
*Medical aid number:

5. *Surname: *Title:
*First name/s:
*Date of birth:
*ID/Passport number: Country:
*Postal address:

 Code:
Telephone (W): Telephone (H):
*Cell phone: Fax:
*Email address:
*Type of course: Scuba Spearfisher Freediver
*Medical aid name:
*Medical aid number:

6. *Surname: *Title:
*First name/s:
*Date of birth:
*ID/Passport number: Country:
*Postal address:

 Code:
Telephone (W): Telephone (H):
*Cell phone: Fax:
*Email address:
*Type of course: Scuba Spearfisher Freediver
*Medical aid name:
*Medical aid number:

Student details (continued)

7. *Surname: *Title:
*First name/s:
*Date of birth:
*ID/Passport number: Country:
*Postal address:

 Code:
Telephone (W): Telephone (H):
*Cell phone: Fax:
*Email address:
*Type of course: Scuba Spearfisher Freediver
*Medical aid name:
*Medical aid number:

8. *Surname: *Title:
*First name/s:
*Date of birth:
*ID/Passport number: Country:
*Postal address:

 Code:
Telephone (W): Telephone (H):
*Cell phone: Fax:
*Email address:
*Type of course: Scuba Spearfisher Freediver
*Medical aid name:
*Medical aid number:

9. *Surname: *Title:
*First name/s:
*Date of birth:
*ID/Passport number: Country:
*Postal address:

 Code:
Telephone (W): Telephone (H):
*Cell phone: Fax:
*Email address:
*Type of course: Scuba Spearfisher Freediver
*Medical aid name:
*Medical aid number: