



Calypso Sub-Aqua Club

Centro Sport Edukattiv
44 Market Street,
Floriana
Malta

Email: calypsosubaquaclub@gmail.com
Website: www.csacmalta.org

Enrolment Form

Personal Information **PLEASE PRINT CLEARLY**

Name :

Surname :

Address :

Post Code :

Date Of Birth:

Telephone Nos.

Home :

Work :

Mobile :

E-Mail Address :

Diving Qualification :

BSAC

PADI

CMAS

SAA

Other :

I agree to abide by the rules of the Calypso Sub-Aqua Club and acknowledge that I undertake underwater swimming and associated activities at my own risk and responsibility. I am not suffering from any physical complaint or ailment which may jeopardize my safety or well being whilst taking part in such activities and agree that the Calypso Sub-Aqua Club may hold my Membership details on a computer database.

Signature :

Date :

Signature of Parent/Guardian if under 18 :

Membership Receipt :

Received the amount of €25.00 in respect of 12 months subscription.

Treasurer :

Date :

