

AQUASCENE CHARTERS – MAGNETIC ISLAND
SNORKELLER REGISTRATION AND STATEMENT OF EXPERIENCE

NAME:.....D.O.B...../...../.....Email:.....
Address:.....Post Code:.....Country:.....

Emergency Contact

NAME:.....Relationship:.....Phone:.....

SAFETY

Do you suffer from any of the following?

A. Any medical conditions that may be made worse by physical exertion. (Please tick box)

(For example heart disease, asthma, some lung complaints, epilepsy)

NO **YES-** Please List.....

B. Any medical conditions that can result in loss of consciousness. (Please tick box)

(For example some forms of epilepsy and some Diabetic conditions)

NO **YES-** Please List.....

C. Asthma that can be brought on by cold water, saltwater mist or strenuous activity. (Please tick box)

NO **YES-** Please List.....

D. Do you suffer from any medical conditions which may affect your safety? (Please tick box)

NO **YES-** Please List.....

E. Do you currently take any medication? (Please tick box)

NO **YES-** Please List.....

EXPERIENCE

Please rate your snorkelling ability: Poor Average Excellent

- | | | | | | |
|------------------------------|---|---|---|---|---|
| • Swimming /Water confidence | 1 | 2 | 3 | 4 | 5 |
| • Snorkelling confidence | 1 | 2 | 3 | 4 | 5 |

DECLARATION

I (*print name*) _____ declare that I have been advised that:

- Snorkelling can be a strenuous physical activity even in calm water and any medical conditions can be made worse by physical exertion.
- To snorkel in a buddy pair
- To tell Aquascene Staff / Water Safety Snorkelling Guide, if you have any concerns about a medical condition.
- That with a medical condition an older person intending to snorkel should:
 - Snorkel in an area which allows the Water Safety Staff to offer closer supervision
 - Use a floatation aid that will assist with supporting you whilst snorkelling / swimming.

Participant Signature: _____ Date _____

Parent or Guardian signature for minors: _____ Date _____

CREW ONLY: Form Complete Any Medical Conditions Checked

Staff Signature _____ Date _____

