

**Booking form / voyage crewmember Agreement sail training vessel "Bark EUROPA"**

**Trainee details for Customs and Immigration authorities**

First name and surname as in passport:.....  
Nickname.....Gender: M/F                      Nationality:.....  
Date of birth dd/mm/yy:..... Place of birth: .....  
Passport number: ..... Issued at:.....  
Valid until: .....

**Address:**.....  
Postal code: ..... City & State.....  
Country: .....  
Telephone daytime: ..... Evening: .....  
Fax: ..... E-mail: .....  
Occupation:.....

**Books the following sail voyage on board bark Europa:**

Voyage number: .....  
Port of embarkation: ..... Country ..... Date .....  
Port of disembarkation: ..... Country ..... Date .....  
Fare: .....

**Next of kin** (Someone whom we may contact during the voyage in case of an emergency.)

Mrs. / Ms. / Mr. Name:.....  
Relation: .....  
Address:.....  
Postal code: .....City:.....  
Country: .....  
Telephone daytime: ..... evening: .....

**Please encircle your answer:**

- I declare to have an own travel insurance that covers the booked voyage. Yes / No
- I declare to have a valid health insurance in my home country. Yes / No

**Dietary requests:**

Allergies:.....  
Vegetarian / only fish, no meat: .....

**Date:** .....**Signature:** .....

- Bookings and reservations are subject to the general terms and conditions, which are available on request.
- Trainee crewmember agreements are subject to captains approval.
- Trainee crewmember agreements are subject to ships' doctors approval based on the completed health statement.

ANYTHING TO ADD, EXTRA REMARKS (REQUESTS, ETC)?

## HEALTH STATEMENT

The Shipping Company *Rederij Bark Europa* makes every effort to ensure the safety of every person on board. Our guests are expected as well to assume responsibility for their own safety. Insufficient mental or physical health may create undue risks not only to yourself, but it is essential to realize that illness or accidents may also threaten the safety of other trainees and crew and may seriously disrupt the sailing program of the vessel.

*If you are in doubt about your fitness for a sea voyage on a sailing and rolling ship you are requested to seek your doctor's advice first.*

To prevent misunderstandings please fill in and sign this document:

Do you need help in climbing stairs or taking thresholds of 60 cm (2 ft)	O yes O no
Are you by experience very prone to motion sickness (sea sickness)	O yes O no
Do you have diabetes	O yes O no
If yes, do you need injections	O yes O no
Do you have any heart or respiratory problems	O yes O no
Do you have epilepsy	O yes O no
Do you have an increased risk for infections or did you have radio- or chemotherapy in the past twelve months	O yes O no
Have you been denied a driver's licence on medical grounds	O yes O no
Do you use anticoagulants (bloodthinners)	O yes O no
Are you pregnant	O yes O no

This is the complete list of my medication including dosage:.....  
 .....  
 .....  
 .....

By signing this Health Statement I declare to have answered these questions truthfully and that I am aware that I will participate in a voyage on *Bark Europa* at my own risk.

Place and date:.....

Name:.....Signature:.....