

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 *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 urgently 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)	<input type="radio"/> yes <input type="radio"/> no
Are you by experience very prone to motion sickness (sea sickness)	<input type="radio"/> yes <input type="radio"/> no
Do you have diabetes	<input type="radio"/> yes <input type="radio"/> no
If yes, do you need injections	<input type="radio"/> yes <input type="radio"/> no
Do you have any respiratory problems	<input type="radio"/> yes <input type="radio"/> no
Do you have any heart or vascular problems	<input type="radio"/> yes <input type="radio"/> no
Do you have epilepsy	<input type="radio"/> yes <input type="radio"/> no
Do you have an increased risk for infections or did you have radio- or chemotherapy in the past 2 years	<input type="radio"/> yes <input type="radio"/> no
Have you been denied a driver's licence on medical grounds	<input type="radio"/> yes <input type="radio"/> no
Do you use anticoagulants (blood thinners)	<input type="radio"/> yes <input type="radio"/> no
Are you pregnant	<input type="radio"/> yes <input type="radio"/> no
Is there another medical condition of which we should be notified? If yes please specify below	<input type="radio"/> yes <input type="radio"/> no

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

Known allergies:.....

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:.....