



# Program Application Form

No \_\_\_\_\_

Please check  the activity you will take part in

Snorkel

Kayak

Others ( \_\_\_\_\_ )

※ Notes for cancellation charge

100% payment is charged in case of cancellation after 18:00 of the day before the activity

No cancellation fee is charged if the activity is suspended due to bad weather or sea condition

Name \_\_\_\_\_ ( Male / Female ) Address in Okinawa \_\_\_\_\_

Date of birth :    year    month    day    Age [    years old ]    Blood type [    ]    Occupation [    ]

Mobile phone: \_\_\_\_\_ Contact in case of emergency [name,relationship & contacts phone: \_\_\_\_\_

The followings are only for snorkel or diving participants

Height [    cm ]    Weight [    kg ]    Foot size [    cm ]    Sight [    ]

## Medical check / health diagnosis for program participation

Please tell us about your past medical history and current health status by checking with a  mark the followings squares ()  
Please consider that the instructor may ask you to provide details of some items checked below.

Please understand that we may refuse your participation in some activity after considering any risk

- 1  You are currently pregnant, or there is a possibility.
- 2  You are currently taking any medication by prescription (except contraceptives and malaria prevention drugs )
- 3  You have fainted in the past due to epilepsy, a seizure, convulsion or loss of consciousness
- 4  You have currently, or in the the past you had, diabetes
- 5  You have currently, or in the the past you had, heart disease
- 6  You have currently, or in the the past you had, heart attack
- 7  You have heart angina, or in the past you had a cardiac surgery or an artery surgery.
- 8  You have currently or had in the past asthma or have asthma when breathing or asthma during exercise
- 9  You have currently or had in the past a lung disease or you have undergone a lung surgery in the past
- 10  You have high blood pressure or you had to take medication to control blood pressure in the past.
- 11  You have claustrophobia or a fear of heights.
- 12  You visit currently the hospital due to a hip, arm or leg surgery or you have a trauma, fractures or a sequela

None of the above applies

How do you feel today?

Very well     Well     Normal     Not so well     Bad

## Program participation agreement

I (the participant) \_\_\_\_\_ will participate in this activity course conducted by SUMMER Company on my own will and I will follow firmly the indications of the instructor. For all damages that occur due to my negligence during the course participation, ignoring the instructor's instructions, I agree to bear the responsibility and I sign here to prove I will not charge any liability to SUMMER company.

I, the participant and signer, \_\_\_\_\_, have read and understood well the contents of this agreement and agree to sign this liability waiver.

Participant's signature \_\_\_\_\_ Date    year    month    day

Parental authority signature (if the participant is a minor) \_\_\_\_\_ Date    year    month    day

Instructor's signature \_\_\_\_\_