

GROUP SNORKELER FORM

| Snorkeller | |
|-------------|----------------------|
| Name | Age or Date of birth |
| Address | |
| Email | Phone |
| Nationality | Arrival date at LIRS |

| Emergency contact (This should be someone who is NOT at Lizard Island with you) | |
|---|--------------|
| Name | Relationship |
| Address | |
| Email | Phone |
| Is this person your legal next-of-kin? YES/ NO | |
| If not, who is? | |

| Medical and ability assessment | Circle one answer for each question | | |
|---|-------------------------------------|-----------------|--------|
| Do you have a medical condition that can be made worse by physical exertion (e.g. heart disease, asthma, some lung complaints) or brought on by cold water or salt water mist (e.g. asthma). If YES or MAYBE, note condition: | Yes | Maybe | No |
| Do you have a medical condition that can result in loss of consciousness (e.g. some forms of epilepsy, some diabetic conditions)? If YES or MAYBE, note condition: | Yes | Maybe | No |
| Are you taking any prescribed medications (other than oral contraceptives)? If YES, please list: | Yes | | No |
| What is your level of physical fitness for your age? | Poor | Average | Good |
| Do you smoke? | Yes | | No |
| Are you overweight? | Yes | A bit | No |
| Can you swim 100 metres in a pool? | No | With difficulty | Easily |
| Can you swim 100 metres in choppy seawater? | No | With difficulty | Easily |
| What is your level of snorkelling experience? | None | Low-Medium | High |
| How often have you snorkelled in choppy, windy seas? | Never | Rarely | Often |

| | |
|---|------|
| Snorkeller's statement | |
| By signing below, I confirm that the information provided above is true to the best of my knowledge and I agree to follow the instructions of my group's snorkelling coordinator. | |
| Signature of snorkeller | Date |
| If snorkeller is under 18 years, signature of parent or guardian | Date |