

Foreign Cruise Booking Form

Information given on this form will be held in the strictest confidence and destroyed once your trip is completed. It may be shown to a medic in the unlikely event of you requiring medical treatment.

Personal Details (as given on Passport)			
Surname			
First Name/s			
Address			
Date of Birth			M / F
Place of Birth			
Nationality			
Passport No			
Passport Expiry Date			
Contact Information			
Mobile Phone			
Home Phone			
Other			
e-mail			
>>> All above details as given on your passport please! <<<			
Next Of Kin / Home Contact Details			
Name			
Relationship			
Phone No.		Home	
		Mobile	
		Other	
Address of NOK			
Important should we need to contact home in an emergency			
Photography			
<p>We may wish to photograph or film crewmembers while taking part in activities and this material may later be published on websites or advertising literature. We will contact you before using such images.</p> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 10px;"> If you have no objection please Initial Here: <input style="width: 80px; height: 30px; border: 1px solid black;" type="text"/> </div>			
Swim Policy (Please tick as appropriate)			
I am... <input type="checkbox"/> Confident <input type="checkbox"/> Happy within my depth <input type="checkbox"/> Not a Swimmer <input type="checkbox"/>			
Dietary Needs			
List HERE any special Dietary Requirements or Food Allergies			
Travel Insurance (Please tick)			
I need Insurance (~€25extra) <input type="checkbox"/> / I have my own Insurance <input type="checkbox"/>			
Medical Declaration			
Do you have any known Allergies?			Yes <input type="checkbox"/> / No <input type="checkbox"/>
Give Details:			
Do you have a Medical History?			Yes <input type="checkbox"/> / No <input type="checkbox"/>
Give Details:			
Do you take Medication for any Condition, Illness or Allergy?			Yes <input type="checkbox"/> / No <input type="checkbox"/>
Give Details, Dosages etc:			
<p style="font-size: x-small;">We recommend that in addition to your own personal supply, you supply us with comprehensive backup medications to store on your behalf</p> <p style="font-size: x-small;">Please confirm that you have been advised by your GP regarding Vaccines for the trip and that they are up to date Tick Here <input type="checkbox"/></p>			
Date of Last Tetanus Jab (if known)			
Do you suffer from any Mental Illness including Depression?			Yes <input type="checkbox"/> / No <input type="checkbox"/>
Give details of ANY other matter which may be considered relevant :			
GP's Phone No.			
<p style="font-size: x-small;">Your Skipper is responsible for your ultimate safety while with Aquatrek. By signing below you are stating that all details given are true and correct. You are also delegating authority to him/her, where NOK cannot be contacted, to administer or delegate appropriate emergency care as may be required. (please elaborate on any answers above on rear of page)</p>			
Signed:			Date: