



REGISTRATION FORM

Registration for a voyage on board s/v „DAR MŁODZIEŻY” – practical training sail

FULL NAME			
ADDRESS			
DATE AND PLACE OF BIRTH			
SEX	FEMALE	MALE	
PASSPORT NO			
NATIONALITY			
DATE OF EMBARKATION		PORT	
DATE OF DISEMBARKATION		PORT	
PHONE NO		E-MAIL	
CABIN TYPE			
FOOD ALLERGIES			

Contact person on land

FULL NAME, PHONE NO	
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Permission for processing personal data

According to Art. 27 paragraph 2 point 1 of the Personal Data Protection Act from 29.08.1997 (Unified text Journal of Laws from 2002, Nr 101 pos. 926 with changes) I hereby consent Gdynia Maritime University to process my personal data concerning my health condition. The mentioned data is contained in health condition statement and a medical documentation for the purpose related to the voyage on board „Dar Młodzieży”

Declarations

- I confirm having a valid accident insurance for the whole sea voyage period which I declare with my signature. I will take the original on board the ship.
- I covenant to obey the ship rules including the consumption of alcoholic beverages, possession and use of drugs and related substances.
- I covenant to discharge payment for participation in the voyage- according to the given information. Simultaneously I acknowledge that lack of the full payment two weeks before the date of embarkation may result in being removed from the list of passengers and being surcharged with organisational costs in the amount of downpayment.
- I acknowledge that in case of a blatant discipline trespassing (e.g. embarking in a state of insobriety, use of drugs and related substances, refusal to follow supervisor's orders, not following safety regulations), the captain has a legal right to disembark crewmembers at a port which he indicates (without rights to refund of unused practical training sail).
- I acknowledge that the travel to embarkation and disembarkation ports is organised individually by each participant of the voyage and at their own expenses.

DATE		LEGIBLE SIGNATURE (FULL NAME)	
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Medical certificate

It is certified that Mrs/Mr.....born.....
may participate in a training sail on board Dar Młodzieży.

DOCTOR'S COMMENT			
DATE		DOCTOR'S SIGNATURE AND STAMP	

Parental/guardian's permission (concerns underaged persons)

We hereby permit.....to participate in a training sail on board Dar Młodzieży.

FULL NAME		
PHONE NO		
DATE AND SIGNATURE		