

中学生以上の未成年者用 (12歳以上 20歳未満)



## スノーケリング・ツアー参加前の確認書 (英語)

### Confirmation before Participating in the Snorkeling Program

For the Age of the Participant is between 12 years old and 20 years old,  
and the Program is conducted in Japan

#### Participant Record (Confidential)

参加者氏名 (Name of Participant) : \_\_\_\_\_  
生年月日 (Date of Birth) : \_\_\_\_\_ 年齢 (Age): \_\_\_\_\_  
ご住所 (Address) : \_\_\_\_\_  
電話番号 (Phone) : \_\_\_\_\_ メールアドレス (E-mail): \_\_\_\_\_  
緊急連絡先 (Emergency Contact) : 電話 (Phone): \_\_\_\_\_ 氏名 (Name) : \_\_\_\_\_  
関係 (Relationship) : \_\_\_\_\_

#### Please read carefully and fill in.

- I, \_\_\_\_\_ (Name of Parent) and my child, \_\_\_\_\_ (Name of Participant) have received the orientation of the snorkeling program and we (the parent and the participant) certify that we (the parent and the participant) understand the program and participate in the program.
- We (the parent and the participant) understand that when participating in a snorkeling program, this program will be conducted in waters such as seas, lakes, pools, etc., and therefore have agreed to follow the instructions given by the guides and the instructors for safety.
- We (the parent and the participant) understand that this program is a sport and the participant must be in a good health condition to participate.
- In particular, there are no ear, respiratory and circulatory disorders, and all past medical histories are explained to the guide or the instructor. If in doubt, and/or if the guide or the instructor recommends, we (the parent and the participant) agree to see a doctor.
- In addition, we (the parent and the participant) understand that the participant is not currently taking any medications and is in good health condition to participate the program.
- We (the parent and the participant) fully understand that all of the above must be followed to enjoy the program safely, and we (the parent and the participant) understand that it is all our responsibility if an accident occurs due to not following instructions from the instructors or the guide, not explaining about our serious medical history, and/or due to any other serious carelessness we made.



#### We (the parent and the participant) have read the above and sign here to confirm.

参加者署名 (Name of Participant): \_\_\_\_\_ 日付 (Date): \_\_\_\_\_

親権者署名 (Name of Parent): \_\_\_\_\_ 日付 (Date): \_\_\_\_\_

参加者情報 (Information about Participant):

身長 (Height): \_\_\_\_\_ cm / 体重 (Weight): \_\_\_\_\_ kg / 足のサイズ (Shoe size): \_\_\_\_\_ cm

# Snorkeling Medical History / Declaration Form

Please read carefully before signing.

You will not be allowed to participate if any of the following apply:

- Currently pregnant
- Currently taking prescription medication
- Have had asthma symptoms within the past year, or are currently using asthma medication
- Have epilepsy, seizures, or convulsions
- Have or have had diabetes
- Have high blood pressure, or any history of heart disease or cardiac episodes
- Have or have had blood or vascular disorders
- Have ear-related issues
- Have behavioral, psychological, or mental health conditions
- Have high cholesterol levels
- Have been advised by a doctor to restrict physical activity or lifestyle, either currently or in the past
- Have consumed alcohol today
- Are 60 years of age or older

I understand and acknowledge the above and agree to participate in the snorkeling tour.

Name and Signature: \_\_\_\_\_

Number of times you've snorkeled before: \_\_\_\_\_

Tour start time: \_\_\_\_\_

**Location:** Tokashiku Beach / Hanare Island

**Staff in charge:** Mr Kuniyoshi