

中学生未満の未成年者用 (12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 below 12 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) have received the orientation of the snorkeling program and certify that I understand the program and _____ (Name of Child) is participating in the program.
- I 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.
- I 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 it the guide or the instructor recommends, I agree my child to see a doctor.
- In addition, I understand that the participant is not currently taking any medications and is in good health condition to participate the program.



I have read the above and sign here to confirm.

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