Maldives Swimming & Life Saving Skills Training School

Republic of Maldives, Male'

Registration Form
LIFE GUARD COURSE – TP017

Applicant Information	
Full Name:	Date of Birth:
Sex:	Permanent Address:
Viber /WhatsApp Number:	Present Address:
Contact Number:	Passport / ID No:
Education Qualification and Job Experience:	

Applicant Medical Information
Are You taking a long-term medicine? If any! Detail:
Are you taking any medicines now?
Do you have done any surgery? If any! Details
Any allergies? If any: Details
Do you take any treatment for heart, ear, eye, nose, or head? If any: Details and attached the medical reports
Do you have Asthma, fit, headache, chest pain? If Ant: Details
Do you take any treatment in last 6 months? If any: Details

In Case of Emergency	
Full Name:	
Mobile No:	Permanent Address:
Present Address:	
Relation with participants:	

Information Declaration by the participant

I (name and Id number) …….... Hereby confirmed that the information given in this form is true as my best knowledge without any pressure of anyone. I am participating in the Life Guard Training in my willingness and without any compulsory / compression from any one. I hereby confirmed that, I am physically and mentally fit for the training.

Name:

ID Number: Date:

Signature: Right Thumb Finger Print:

Approval from Medical Officer (If Swimming School recommends)

Name of the Medical officer:
Remarks / Comment:
Signature:

Office (Swimming School) Use Only

Date of entry:

Check and given the approval for Training:
Signature: