

# VOYAGE REGISTRATION & Medical Check Form



**LEEWIN**  
Ocean Adventure Foundation

Please complete and email to [office@sailleeuwin.com](mailto:office@sailleeuwin.com) or send to

PO BOX 1100, Fremantle WA 6959

For more information: [www.sailleeuwin.com](http://www.sailleeuwin.com)

OFFICE ONLY

Date received: \_\_\_\_\_  
Date approved: \_\_\_\_\_  
Medical: Y N  
Payment: Fare Gap Deposit  
Entered AB: Y \_\_\_\_\_  
Entered MT: Y \_\_\_\_\_  
Bus required: Y N  
Notes: \_\_\_\_\_  
\_\_\_\_\_

## 1 VOYAGE

Voyage number: \_\_\_\_\_ Departure Date: \_\_\_\_\_

## 2 PARTICIPANT

Gender: M F Diverse Gender Identity

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Mobile (participant's): \_\_\_\_\_ Email: \_\_\_\_\_

Age at start of voyage: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you identify as Indigenous Australian? Y N or Torres Strait Islander? Y N

What is the main language spoken at home? English Other: \_\_\_\_\_

## 3 EMERGENCY CONTACT (SHORE)

Mr Ms Mrs First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to participant: Mother Father Other: \_\_\_\_\_

Mobile (emergency): \_\_\_\_\_ Email (emergency): \_\_\_\_\_

## 4 SCHOOL, UNIVERSITY OR WORKPLACE

I attend School University

Name of school or university: \_\_\_\_\_ Year at start of voyage: \_\_\_\_\_

Contact person: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Most Leeuwin Voyages\* are programs endorsed by the School Curriculum & Standards Authority (SCSA).

Do you want your voyage recorded on your academic transcript (end of year 12)? Y N

\* Learn more about WASSA and the benefits of Leeuwin voyages on [www.sailleeuwin.com/education](http://www.sailleeuwin.com/education)

I am employed Y N

Workplace: \_\_\_\_\_

## 5 DIETARY REQUIREMENTS

This section refers to food related allergies, not food preferences. While we cannot cater for vegan diet, we offer vegetarian options.

I am: vegetarian lactose intolerant gluten intolerant

Please provide any additional details: \_\_\_\_\_

## 6 MEDICAL INFORMATION

STS Leeuwin II is a working ship requiring us to assess if you are fit to take part in a voyage.

Your swimming ability:  I can't swim  I can swim 50m  I can swim over 50m

Your height: \_\_\_\_\_ Your weight (KG): \_\_\_\_\_

→ Note: if you have or have ever had any of the following conditions (ticked YES to any of the below), you are required to complete sections 6<sup>1</sup> and 6<sup>2</sup>

Abnormal response to heat/cold	Y	N	Haemophilia or bleeding problem	Y	N
Aggression issues	Y	N	Head injury/concussion	Y	N
Allergies - Drugs	Y	N	Heart or circulatory disorder	Y	N
Allergies - Food	Y	N	Hepatitis	Y	N
Allergies - Bites	Y	N	Hernia	Y	N
Anaemia	Y	N	HIV/AIDS	Y	N
<b>Anaphylaxis</b>	Y	N	Impaired hearing	Y	N
Anxiety or depression	Y	N	Impaired movement	Y	N
Arthritis or rheumatism	Y	N	Kidney or bladder problems	Y	N
<b>Asthma/breathing difficulties</b>	Y	N	Learning difficulties	Y	N
Autism	Y	N	Loss of balance/coordination	Y	N
Behavioral problems/ADD/ADHD	Y	N	Memory/attention problems	Y	N
Blood disorders/leukaemia	Y	N	Intellectual disability	Y	N
Bone or joint injury	Y	N	Mental illness	Y	N
Cerebral Palsy	Y	N	Osteomyelitis	Y	N
Claustrophobia	Y	N	Physical disability	Y	N
Dependence on any substances	Y	N	Pregnancy	Y	N
Diabetes (Type 1)	Y	N	Speech difficulty	Y	N
Diabetes (Type 2)	Y	N	Spinal injury/disorder	Y	N
Eating Disorder	Y	N	Thyroid disorders	Y	N
Epilepsy/fits/convulsions	Y	N	Tuberculosis	Y	N
Eye disease/vision impairment	Y	N	Vertigo	Y	N
Fainting/blackouts	Y	N	Other: _____		

6<sup>1</sup> LIST YOUR MEDICAL CONDITION/S: effects of the condition, medication and management, list dates of the condition, include whether the condition is current or past, whether it may be of any concern during the voyage.

CONDITION	DETAILS OF THE CONDITION AND ANY OTHER RELEVANT MANAGEMENT ISSUES

✗ For anaphylaxis and asthma conditions a current Action Plan is required BEFORE your application can be approved.

DRUG	REASON FOR MEDICATION AND DOSAGE INFORMATION

★ ★ All prescription medications are to be given to the Chief Officer upon boarding. ★ ★

To your knowledge, would seasickness affect this medication?  Y  N

6<sup>2</sup> MEDICAL PRACTITIONER CONTACT DETAILS: For certain medical conditions, the Leeuwin's Medical Officer may require further information from your doctor.

Doctor's name: \_\_\_\_\_ Practice: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

P/C: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

## 7 TRAVEL ARRANGEMENTS

If you are under 18, you will require a permission slip for alternative transport arrangements if your parent or guardian is unavailable.

### ▶ METROPOLITAN PARTICIPANTS

I understand that I am responsible for my own transport to (departure) and from (arrival) the ship

### ▶▶ REGIONAL PARTICIPANTS AND GROUPS

I will be dropped off by a parent or guardian


I will be arriving by train, bus or plane and making my own way to the ship's departure point

I will be in a group and arriving by train, bus or plane

▶ Name of the group: \_\_\_\_\_

## 8 PAYMENT / FUNDING DETAILS

The voyage fare (referred to as the Fare) is due in full. If you were successful in applying for a sponsorship, the corrected Fare (referred to as Gap Payment) is due in full. You can pay the Fare or Gap Payment in two (2) instalments: 1/ Instalment 1 (minimum 25% deposit) 2/ Instalment 2 (due within 60 days of departure). The fare will be invoiced on approval of application.

A reservation cannot be confirmed until payment of the Deposit is received. A berth is only secured once the Fare or the Gap Payment is paid in full. Information about payment Terms & Conditions is available on this page: [sailleeuwin.com/terms-and-conditions/](http://sailleeuwin.com/terms-and-conditions/)  (conditions 1–6).

▶ I am paying in full:	Y	N	Fare due: \$ _____
▶▶ I received a sponsorship:	Y	N	Gap Payment due: \$ _____
I wish to pay in two (2) instalments:	Y	N	25% Deposit due: \$ _____ (With your application)

The Leeuwin Ocean Adventure is proudly supported by:



The Youth Explorer Voyage Program is endorsed by:



# DECLARATION & Participant Undertaking



## As an aspiring shipmate

❶ Tell us why you want to participate in a Leeuwin Ocean Adventure voyage?

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❷ What are you hoping to learn from your ocean going experience?

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❸ What soft skills will you work hardest on during the voyage?

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❹ What are you looking forward to most about your Leeuwin Ocean Adventure voyage?

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## PARTICIPANT UNDERTAKING

I understand that STS Leeuwin II:

is a working ship where participants are expected to actively engage in all activities;  
operates under confined conditions.

While on-board, I pledge to:

perform tasks as an active member of a watch group;  
attend all musters;  
follow instructions from all crew and the Captain; and  
acknowledge and accept that smoking, vaping (e-cigarettes) and alcohol are prohibited on board.

## DECLARATION FOR VOYAGE CONTRACT

I, \_\_\_\_\_ declare that:

I have read and accept the Terms and Conditions of this Voyage Contract, including booking, payment and general conditions. Visit our website to read our Terms and Conditions: [www.sailleeuwin.com/terms-and-conditions/](http://www.sailleeuwin.com/terms-and-conditions/)

I agree to notify Leeuwin Ocean Adventure if my medical condition was to change before boarding the ship.

I authorise Leeuwin Ocean Adventure to contact my medical practitioner or specialist if required.

I give permission for the Leeuwin Ocean Adventure Medical Officer to administer First Aid or medical treatment as necessary during the voyage.

I understand that personal insurance is not included in the voyage fare.

I declare all details provided on this form to be true and correct.

Participant signature \_\_\_\_\_ Date: \_\_\_\_\_

If you are under 18 years old, a parent or guardian signature is also required.

Parent / Guardian Name: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_