

# LIMASSOL SPARTANS DRAGON BOAT CLUB

## REGISTRATION FORM



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Full Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

ID/Passport No: \_\_\_\_\_

Mobile Tel No: \_\_\_\_\_ Emergency Contact No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Do you use Facebook: Yes / No

Weight / Height \_\_\_\_\_

Swimming Ability: (tick one box) Poor  Good  Advanced

Do you suffer from any medical condition? Yes / No

If yes, please explain below: