

YOUR BOOKING

If you want to make a firm booking, please complete the form below. On our booking form we ask for your passport details, date of birth and other personal details. We need these details to produce all necessary crew lists for immigration purposes. Additionally we need a fully completed health statement with details about medicine dosages and medicine names. This information will be used to get a first insight in your overall fitness and determine any possible risks of sailing in a remote area. Obviously these details will be treated confidentially.



Completing the form will take about 10 till 15 minutes of your time. If you don't have all necessary information at hand and need some more time you can download a PDF version of our form. This will give you the opportunity to save the document on your desktop and send it via e-mail to our office.

After receipt of your booking form we will process your booking as soon as possible. Your booking is confirmed after receiving our confirmation of your booking and a corresponding invoice. Our payment conditions and banking details are mentioned on the invoice. Good to know: we cannot accept cheques and credit cards.

Are you 65 years old or over at the time of sailing? We kindly ask you to fill in the additional health statement that needs to be signed by your physician/general practitioner. While booking a voyage, you can email the document to: info@barkeuropa.com. This statement will be discussed by our ships doctors to make a final decision, based on safety, fitness and health, together with our captains and shipping office.

Sailors of the age of 73 and over, unfortunately can't join us on the ocean crossings and Antarctica expeditions, but they are more than welcome to apply for coastal voyages. We understand this is a very strict decision and the health situation can differ a lot between one person and the other. This decision is therefore carefully discussed with our ships doctors and captains and mainly based on the number of medical issues that happened, fatigue and a slower recovery of injuries at a certain age.

TRAINEE DETAILS FOR CUSTOMS AND IMMIGRATION AUTHORITIES

Gender	Male	Female	Nickname	_____
Initials (first name)	_____		Last name	_____
First name (as in passport)	_____			
Nationality	_____			
Place of birth	_____	Country of birth	_____	
Date of birth	_____			
Passport number	_____	Authority	_____	
Valid from	_____	Valid until	_____	

ADDRESS INFORMATION

Street + number	_____	Postal code	_____
City	_____	Country	_____
Email address	_____	Profession or occupation	_____
Telephone	_____	Mobile number	_____

BOOKS THE FOLLOWING SAIL VOYAGE ON BOARD THE BARK EUROPA

Port of embarkation	_____	Date of embarkation	_____
Port of disembarkation	_____	Date of disembarkation	_____
Cabin preference	2 persons	4/6 persons	
Remark	_____		
I am a single traveler	I travel with	_____	

How did you get to know about our organization? _____

I am aware that Bark Europa is a sailtraining vessel and that taking part in the watch system on board is part of this voyage experience. No prior experience is required, only your enthusiasm to take part, learn and enjoy.*

PLEASE TICK OFF YOUR CHOICE

Yes	No	I declare to have an own travel insurance, including coverage of a possible medical evacuation.*
Yes	No	I declare to have a valid health insurance in my home country.*
Yes	No	I declare to arrange a cancellation insurance, at the time of receiving the confirmation of my booking.*

NEXT OF KIN (EMERGENCY CONTACT)

Relation	_____	Street + number	_____
Mrs./Ms./Mr. name	_____	City	_____
Postal code	_____	Email address	_____
Country	_____	Mobile number	_____
Telephone	_____		

DIETARY OPTIONS

Please select vegetarian or non-vegetarian. Please note that due to the careful planning and stores purchased by our chefs, this choice applies to the entire voyage and it is not possible to change this diet choice during the voyage.

Vegetarian Non-vegetarian

FOOD ALLERGIES

Food allergies _____

Please select if you have any allergies. Please list your allergies and give a brief explanation about your allergy.

ADDITIONAL REMARKS

HEALTH STATEMENT - BARK EUROPA

The shipping company Rederij Bark EUROPA makes every effort to ensure the safety of every person on board. Our trainees are expected as well to assume responsibility for their own safety. Insufficient mental or physical health may create undue risks, not only to yourself, but it is essential to realize that illness or accidents may also threaten the safety of other trainees and crew and may seriously disrupt the sailing program of the vessel.

MEDICAL CARE

When undertaking a long ocean voyage where you are several days of sailing away from the inhabited world, it is important to realize that extensive medical care is not available. Transport to the mainland is often impossible. On board there are crew members with a medical training. If you are in doubt about your fitness for a sea voyage on a sailing and rolling ship you are requested to seek your doctor's advice first.

To prevent misunderstandings please answer the questions below. Please keep in mind that a questions answered with 'yes' does not automatically mean you will be refused on board the ship. Please inform the office of the Bark EUROPA about any condition and keep in mind to bring your own necessary medication with you.

Yes	No	Do you need help in climbing stairs or taking thresholds of 60 cm (2 ft)?*
Yes	No	Are you by experience very prone to motion sickness (sea sickness)?
Yes	No	Do you have diabetes?*
Yes	No	If yes, do you need injections?*

- | | | |
|-----|----|--|
| Yes | No | Do you have any respiratory problems (e.g. Asthma)?* |
| Yes | No | Do you have (a previous history of) heart or vascular problems or high blood pressure?* |
| Yes | No | Do you have (a previous history of) epilepsy?* |
| Yes | No | Do you have an increased risk for infections or did you have radio- or chemotherapy in the past 24 months?* |
| Yes | No | Have you been denied a driver's licence on medical grounds?* |
| Yes | No | Do you use anticoagulants (bloodthinners)?* |
| Yes | No | Are you pregnant? * |
| Yes | No | Do you suffer from other medical uncomfotabilities of which the Rederij must be informed?* |
| Yes | No | Do you have (a previous history of) a nervous or mental disorder and have you been under the supervision of a psychiatrist or psychologist?* |
| Yes | No | If yes, were you prescribed medication? If yes, please describe your medication below. |
| Yes | No | Do you have joint replacements (hip/knee)?* |
| Yes | No | Do you experience any difficulty with your physical mobility?* |
| Yes | No | Do you experience any difficulty with your hearing?* |
| Yes | No | Do you experience any difficulty with climbing a rope ladder?* |
| Yes | No | Do you do sports or any other exercise?* |

In case yes, what type of sport or exercise? _____

How many minutes per week? _____

If you have answered questions with 'yes', please explain here and tell us about your medical history _____

Your complete list of medication, including dosage and what you use it for (if not applicable, write 'none')* _____

Known allergies _____

Yes No Are you fully vaccinated against COVID?*

Date 1st vaccination _____ Date 2nd vaccination _____ Date last booster vaccination _____

Vaccine type _____ Vaccine type _____ Vaccine type _____

FOR YOUR SAFETY ON BOARD THE SHIP WE ASK THE FOLLOWING QUESTIONS

- | | | |
|-----|----|---|
| Yes | No | Do you speak English well enough to understand the safety and sailing instructions on board?* |
| Yes | No | Can you swim?* |
| Yes | No | Can you climb through an emergency escape hatch with a measurement of 60 x 52 cm?* |
| Yes | No | Do you have enough strength in your arms to lift yourself up through the safety hatch?* |
| Yes | No | Do you have enough strength in your legs to be able to balance yourself on a rolling ship?* |

Weight in kg* _____ Length in cm* _____

I am aware of and accept the conditions and considerations above. I declare to have answered these questions truthfully. This booking is subject to the ships doctors and captains approval based on the completed health statement. I am fully aware that my participation in voyage on board the Bark EUROPA is at my own risk.*

I agree to immediately advise Rederij Bark EUROPA of any change in the status of my health condition between the moment of booking and moment of embarkation.*

I am aware that the captain has overall responsibility on board, including all medical issues and therefore give my consent that medical data provided both on the health form and shared on board with the ships doctor will be shared with the captain if necessary.*

I accept the General Conditions and agree to make an official booking.