































**ÖMV/IMC International Youth Meeting SAILING CAMP Opatija/Croatia 2016**  
**ÖMV/IMC SAILING CAMP Opatija /Croatia 2016**

**HEALTH CERTIFICATE**

I declare that the participant is in good health sufficient to undertake strenuous water sport activity such as sail training, canoeing and rowing. This has to be confirmed by a physician-Dr. Med.

The participant has no dietary requirements

Dietary requirements as follows:

.....

Remarks:

.....  
.....  
.....  
.....

Signed .....

Date .....

The ÖMV requests that this form is signed by a qualified medical professional doctor med and by the responsible adult or self certified by those over 18 years



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TRAVEL PLAN

Name of the participant .....

**I will join** the Summer Camp by: (1) .....

**I will arrive** to Opatija: (2) ..... at (3) .....

with: flight (4) ..... / train (4) .....

**I will depart** from the Summer Camp by: (1) .....

at (3) ..... with flight (4) ..... / train (4) .....

Signed .....

Date .....

**Remarks:**

- (1) Plane, Train or car
- (2) Airport, Railway Station or Summer Camp
- (3) Day and time (i.e. : 31.08 at 2055)
- (4) nr. of flight or train



**Associazione Nazionale Marinai d'Italia - Presidenza Nazionale**

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