LOULETANO SPORTS CLUB
SPORTS INSTITUTION OF PUBLIC UTILITY EST.1923

INSURANCE nº _____/_____ USER Nº_____

SWIMMING SCHOOL - REGISTRATION FORM – SEASON 2026-2027

Practitioner´s full Name: _____

Date of Birth: _____/_____/_____ Portuguese tax number_____

Citizen Card/Passport/ Residence (other): _____

Parent /Tutor Name _____ Parentage: _____

Mobile nº1: _____ E-mail: _____@_____

Name 2nd contact: _____Mobile: _____

Registration Information: Class Code _____ Discount: _____

Medical Information: Indicate important information regarding medication and/or any pathologies to be reported in case of Medical Emergency OR OTHER:

_____

For safety reasons information regarding mental and or physical illnesses must be provided. If not, the Club is reserved the wright to cancel membership without a refund.

WAIVER/TERM OF RESPONSIBILITY 2026-2027* - September 2026 to June 2027 (Mandatory)

According to Law No. 5/2007, 16th of January, which approves the Basic Law on Physical Activity and Sport, and which refers to in paragraph 2 of its article 40 in the scope of non-federated sports physical activities, it is a special obligation for the practitioner to ensure, in advance, that he does not have any contraindications for its practice. Thus, it is not necessary to present a Medical Certificate for the practice of sports, but there is only the special obligation of the practitioner to ensure that he does not have any contraindications for the sports practice he intends to develop.

In this way, by signing this document, you DECLARE to be informed and to have been aware of the legislation and not to have any contraindications for the practice of the modality in which you are enrolled for the 2026-2027 season.

FURTHER DECLARES that, if in the future the conditions change, it assumes the responsibility of informing the services of the Swimming Department of the Louletano Sports Club.

By enrolling in the modalities taught by the Swimming Department of Louletano Desportos Clube, I DECLARE, on my honor, that:

1. I will adopt a socially responsible behavior, complying in an exemplary way with the guidelines and rules regulated by the Swimming Department of the Louletano Sports Club and the Technical Direction of the Municipal Swimming Pool Complex of Loulé.
2. Be knowledgeable about the School's Internal Regulations, and comply with its rules and obligations.

Because it is true, and because I have been asked, I pass on this Term of Responsibility, which I sign and date,

(X) _____Loulé_____26/27

(X) Signature (legible signature in accordance with identification document)

* Last updated on June 16th 2026

Swimming School Recognized with FPN CQ Quality Certification since 2018
Rua Maria José Cabeçadas – 8100- Loulé – Loulé Municipal Swimming Pool Complex
www.louletanodcnatacao.pt ldcnatacao.polo@gmail.com / geralnatacaolouletano@gmail.com +351 289 416 488 / +351 912 389 587