



LOULETANO SPORTS CLUB
SPORTS INSTITUTION OF PUBLIC UTILITY EST.1923



INSURANCE GUIDE 2026-2027: _____/_____/_____

USER NO.: _____



SWIMMING SCHOOL - REGISTRATION FORM - SEASON 2026-2027 (2-3 YEARS OLD)

Practitioner's Full Name: _____

Date of Birth: _____/_____/_____

Portuguese Tax Number: _____

Citizen Card/Passport/ C. Residence (other): _____

Registration Information: Class Code _____ Mobile: _____

Parent/ Tutor INSURANCE 2026-2027: _____/_____/_____

Name of Parent/Tutor: _____

Date of Birth: _____/_____/_____

Portuguese Tax Number: _____

Citizen Card/Passport/ C. Residence (other): _____ Affiliation: _____



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 right 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 in force 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 the Louletano Sports Club, 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, 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 _____ 2026/27

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

* Last updated on June 16th, 2026