

Picture  
with white  
background

## Participation Request

### Lifesaver Course

**Name:**  
**Nationality:**  
**Mobile:**

**Date Of Birth:**  
**Job title/Place:**  
**Email:**

### (Pledge)

I Pledge (name) /..... that participate in Lifesaver Course on my responsibility, I'm good at swimming , not infected with any diseases prevent me from participating in this Course, such as neurological diseases, spastic, circulatory respiratory, skin or other, and that the organizing committee does not assume any responsibility towards my participation in this Course.

**Participant Signature**

### Medical Report

The medical checkup on (name) / ..... I found that  
he/she is : ( Medically fit) Or ( Medically unfit)

**Doctor Name:**

**Signature & Stamped**

**Registration procedures:**

**Date of Registration:** / / 2025

**Date of Registration:** / / 2025



## Bank details

# **Qatar swimming association Bank details:**

**Account name: Qatar Swimming Association**

**Account number: 0012-128510-004**

**Bank name: Masraf Al Rayan**

**Swift code: MAFRQAQA**

**BRANCH: QATAR OLYMPIC**

**IBAN NUMBER: QA76 MAFR 0000 0000 0012 1285 1000 4**

**Doha, Qatar**