



PASSPORT
SIZE
PHOTO

REGISTRATION FORM - Learn To Play

Name:		Gender: * Male / Female	
Date of Birth:	NRIC:	Citizenship:	
Address:		Postal Code:	
Tel:	Hp:	Fax:	Email:
Disability / Medical Condition (please give a brief description):			
Occupation	:		
Course / Position	:		
School/ Company Name	:		
School /Company Address	:		
School /Office Email	:		
School / Office No	:		
School / Office Fax	:		
School / Office Email	:		
Attention to	:		
Name of Next-of-Kin / Guardian:		Contacts:	
		Email:	
Relationship:		NRIC:	



INDEMNITY

(Please tick where applicable)

Name of sports involved:

- | | | | |
|----------------------------------|------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Athletics | <input type="checkbox"/> Boccia | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tenpin Bowling | |

**Delete / fill in where applicable*

I, _____ (name), IC No.: _____, the undersigned, hereby agree to take part in the above selected sport's Learn To Play Programmes. I therefore will not take any legal actions and/or claims against the Organising Committee, instructors, volunteers and all persons and/or agencies connected with this training from all claims and damages (personal injuries, mishap) arising from my participation before, during, and after the commencement of the training/activities.

I also declare that I am fit to participate in the training.

Signature: _____ Name: _____ Date: _____

For applicants aged 18 years and under, a parent or guardian must also sign on behalf of the applicant in respect of the above agreement.

Signature: _____ Parent / Guardian's Name: _____ Date: _____

Emergency contact (Name and number): _____
(If different from above)