

Please register here to be well-informed for the upcoming programmes such as Learn-To-Play Sports Programme, National Championships and other programmes.

PERSONAL PARTICULAR OF APPLICANT			
<b>Full Name:</b> _____			
<b>Home Address:</b> _____			
<b>NRIC / Passport No:</b>	<b>Date of Birth:</b>	<b>Gender:</b> Male / Female	<b>Nationality:</b>
<b>Religion / Race:</b>	<b>School / Organisation:</b>	<b>Class:</b>	
<b>Contact Details:</b> _____ (Email)			
_____ (Home)		_____ (Mobile)	
_____ (Office)		_____ (Fax)	
<b>Nature of Disability</b>			
<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Intellectual Disability			
<input type="checkbox"/> Physical Disability - please specify classification: _____			
<input type="checkbox"/> Others - please specify: _____			

Affix a recent  
passport size  
photograph  
here

**For Official Use Only**

Date Received: \_\_\_\_\_

By staff: \_\_\_\_\_

Remarks (if any): \_\_\_\_\_

HOW SHALL WE ADDRESS AND CONTACT YOU?			
<b>Next of Kin's Name:</b> (Dr/Mr/Mrs/Ms/Mdm)		<b>Relationship:</b>	<b>Gender:</b> Male / Female
<b>Contact Details:</b> (Next of Kin)	<b>Tel:</b> _____ <b>Mobile:</b> _____ <b>Off:</b> _____ <b>Fax:</b> _____ <b>Email add:</b> _____		
<b>Tick the below information which you would like to receive from SDSC.</b>			
<input type="checkbox"/>	<b>Learn-To-Play Sports Programme</b> Type of Sports: _____	<input type="checkbox"/>	<b>National Disability League / National Championships</b>
<input type="checkbox"/>	<b>SDSC Events</b>	<input type="checkbox"/>	<b>ALL</b>

Please send it to:

**Attn: Community Sports & Participation Dept**  
**Singapore Disability Sports Council**  
**230 Stadium Boulevard Singapore 397799**  
**Fax: +65 6342 0961**