REGISTRATION FORM

< TEAM EVENTS >

|  |  |
| --- | --- |
| Individual/School/ Organisation : | Name |
| Address :  | Address | Postal code: Postal code |
| Person In-Charge/ Point of Contact :  | Salutation:[ ]  Dr [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Mdm |
| Full Name |
| Contact : | (mainline) | (mobile) |
| Email :  | Email address |
| Mode of Payment :  | [ ]  Cash [ ]  Cheque *\*(payment must be made prior to commencement of event)* |

**Team Events**

*Please check the boxes: (i) SPORT and (ii) Events.*

| **Sport**  | **Event – Doubles & Trios** |
| --- | --- |
| [ ]  Badminton (standing class)  | [ ]  Boy’s U12 ST Doubles[ ]  Girl’s U12 ST Doubles | [ ]  Boy’s U15 ST Doubles[ ]  Girl’s U15 ST Doubles | [ ]  Boy’s U17 ST Doubles[ ]  Girl’s U17 ST Doubles | [ ]  Men’s Open ST Doubles[ ]  Women’s Open ST Doubles |
| [ ]  Boccia | [ ]  BC1/BC2 Team | [ ]  BC3 Pairs | [ ]  BC4 Pairs |  |
| [ ]  Lawn Bowls | [ ]  Mixed Open Pairs |  |  |  |
| [ ]  Table Tennis | [ ]  Men’s Open TT 1-2 Doubles | [ ]  Men’s Open TT 3 Doubles | [ ]  Men’s Open TT 4-5 Doubles  | [ ]  Men’s Open TT 6-10 Doubles |
| [ ]  Boy’s U17 TT 11 Doubles[ ]  Men’s Open TT 11 Doubles | [ ]  Women’s Open TT 1-5 Doubles | [ ]  Women’s Open TT 6-10 Doubles | [ ]  Girl’s U17 TT 11 Doubles[ ]  Women’s Open TT 11 Doubles |
| [ ]  Tenpin Bowling | [ ]  Boy’s U17 Doubles TPB 4[ ]  Girl’s U17 Doubles TPB 4 | [ ]  Men’s Open Doubles TPB 4[ ]  Women’s Open Doubles TPB 4 | [ ]  Mixed Open Doubles PI (standing class) | [ ]  Mixed Open Trios VI (max. 7 points) |

|  |  |
| --- | --- |
| **Sport**  | **Event – Team Sport**  |
| [ ]  Basketball 3 on 3  | [ ]  Boy’s U12[ ]  Girl’s U12 | [ ]  Boy’s U15[ ]  Girl’s U15 | [ ]  Boy’s U17[ ]  Girl’s U17 | [ ]  Men’s Open [ ]  Women’s Open  |
| [ ]  Football | [ ]  Boy’s U12 5-a-side [ ]  Girl’s U12 5-a-side  | [ ]  Boy’s U17 7-a-side[ ]  Girl’s U17 7-a-side | [ ]  Men’s Open 7-a-side[ ]  Women’s Open 7-a-side | [ ]  Men’s Open VI 5-a-side |
| [ ]  Goalball | [ ]  Novice Mixed Open | [ ]  Mixed Open |  |  |
| [ ]  Powerchair Football  | [ ]  Mixed Open |  |  |  |
| [ ]  Wheelchair Basketball 3 on 3 | [ ]  Mixed Open |  |  |  |

**Team Particulars**

| **S/N** | **Full Name** | **Gender**(M/F) | **NRIC / FIN** | **DOB** | **Age** | **Class**(VI/ID/CP/MD/PI – ST or WH) | **T-shirt Size** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 2 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 3 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 4 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 5 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 6 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 7 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 8 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 9 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 10 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |

Note:

* Please ensure that all individuals are properly registered for their event(s).
* All particulars submitted should be in full and correct upon submission.
* Participants 18 years and below must obtain parental or legal guardian consent for their participation in the games. Complete and submit *Indemnity and Parent Consent Form*.

**Indemnity Clause**

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| --- |
| By submitting this form, the Participants listed above hereby agree to take part in the Singapore National Para Games 2016. The Participants will not take any legal actions and/or make any claims against SDSC, event officials, instructors, volunteers and all persons and/or agencies associated with the games, in the event of any injuries or mishap to self or equipment, arising from his/her participation before, during, and after the commencement of the competition/activities. The Participants also declare that he/she is fit to participate in the tournament.We agree that we have been given the opportunity to seek legal advice and/or have waived such right before signing the document. |
| Signature | School/Organisation Stamp | Date : DD/MM/YYYY |

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| For Official Use |
| Payment Status | SNPGOC Name | SNPGOC Signature |