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) |

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| --- | --- | --- | --- | --- |
| **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**

|  |  |  |
| --- | --- | --- |
| 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 |