

EVENT REGISTRATION FORM

**All information provided are correct at time of registration*



Event Name	:	<u>Haw Par National Youth Para Athletics Championships 2017</u>	
Date	:	31 Mar 2017	Time : 9am to 5pm
Registration Fee	:	<input type="checkbox"/> \$ 5.00 Per participant	

All fields below are required for registration of this event. Your personal data will be collected and used for the event as mentioned above.

TEAM PARTICULARS

Full Name	:	_____	NRIC/FIN	:	_____
Gender	:	<u>Male / Female</u> (Circle when appropriate)			
			Date of Birth	:	_____ (DD/MM/YYYY)
Email	:	_____			
Contact No	:	_____ (HP)	_____ (Home)		
Address	:	_____S(_____)			
School	:	_____			
T Shirt Size	:	N.A. for this event			
Any Medical Conditions	:	<u>Yes/No</u> (If yes, please specify: _____)			

EMERGENCY CONTACT PERSON (SDSC will contact this person in the event of an emergency)

By filling up the information below, you declare that you have obtained consent from your emergency contact for SDSC to collect, use, and disclose his/her personal data in case of emergency.

Name	:	_____	Relationship	:	_____
Contact No	:	_____ (HP)	_____ (Home)		

Terms & Conditions

- Participants will have to indicate their medical history/conditions in the field above. Each individual will have to take personal responsibility to their own health condition.
- SDSC reserves the right to change the content of the event with or without prior notice.
- Due to limited places available, only registrations with full payment / complete information made are deemed as confirmed on a first come first served basis.
- All registered participants for this event will be contacted via email or telephone for further confirmation of their particulars.
- In the case of any disputes during the event whenever applicable, the decision made by the organizer is final.

CONFIDENTIAL: THIS DOCUMENT AND THE INFORMATION IN IT ARE PROVIDED IN CONFIDENCE, FOR THE SOLE PURPOSE OF EVENTS AND PROGRAMMES, AND MAY NOT BE DISCLOSED TO ANY THIRD PARTY OR USED FOR ANY OTHER PURPOSE WITHOUT THE EXPRESS WRITTEN PERMISSION OF SDSC.

Personal Data

- By signing below, you consent to the collection, use and/or disclosure of your personal particulars by SDSC for the purposes of organising this event, and/ or uses by SDSC for analysis and research purposes pertaining only to matters in relation to such events/ programmes.
- All registered participants may be included into the contact list of SDSC, to receive regular updates on future engagement events and programmes organised by SDSC, as well as opportunities to contribute, share opinions and/or feedback.
- In the event that registered participants do not wish to receive regular updates on future engagement events and programmes organised by SDSC, as well as opportunities to contribute, share opinions and/or feedback, please inform and provide clear instructions to SDSC in writing at lohk@sdsc.org.sg or sdsc@sdsc.org.sg within 14 days from event date itself. SDSC will subsequently be unable to inform you of subsequent engagement events.
- Any photographs, motion pictures, recordings, or any other media records of this event may be used by SDSC for any legitimate purpose, including any commercial and marketing uses, and/ or to be uploaded onto SDSC's media sites and channels.
- In the event that registered participants do not wish for his/her photographs and/or any other media records of him/her at this event to be used by SDSC, please inform and provide clear instructions to SDSC in writing at lohk@sdsc.org.sg or sdsc@sdsc.org.sg.
- Please update SDSC at lohk@sdsc.org.sg or sdsc@sdsc.org.sg of any changes in contact details so as to facilitate communication.

I shall not hold the organiser responsible for any damage or loss of property, injury or loss of life which may be sustained by me during the activity arising from any cause in connection with the event. I also undertake to indemnify the organiser against any claim by any part in connection with the activity. Please acknowledge and sign a copy of the Indemnity Form (Annex 1).

Signature : _____
Full Name : _____
Date : _____

Indemnity Form [Annex 1]

Organiser : SDSC

Declaration

I solemnly DECLARE by virtue of the provisions of the Oaths And Declarations Act 2000, and subject to the penalties provided by that Act for the making of false statements, that

- (a) I/We have sought medical advice and I/We have not been advised otherwise by any medical practitioner that I am/We are physically and mentally not fit or not able to take part in the activities and events; and
- (b) All information provided by me is true to the best of my knowledge.

Signature : _____

Full Name : _____ **NRIC No** : _____

A. For participant at and above the age of 18

IN CONSIDERATION OF YOU having at my request agreed to accept my participation in the activities and events organized by you and or your authorized organizing agent and to grant access to me to the site of activities and events as participant for the activities and events and or as visitor for other purposes, I, _____, holder of NRIC/Passport No. _____, HEREBY RELEASE AND DISCHARGE you and or your authorized organizing agent or any other persons authorized by you and or your organizing agent from all claims that I or my personal representative(s) and dependent(s) may have for injury (including injury resulting in loss of life) however caused sustained by me and for loss of or damage (however caused) to my personal belongings suffered at any time while taking part in the activities and events as participant or as visitor, while within the site of the activities and events for any purpose whatsoever.

Name and Signature of Participant

Date

B. For participant below the age of 18

IN CONSIDERATION OF YOU having at my request agreed to accept participation by my child named below in the activities and events organized by you and or your authorized organizing agent and to grant access to my child to the site of activities and events as participant for the activities and events and or as visitor for other purposes, I, _____, holder of NRIC/Passport No. _____, being the legal guardian of _____, holder of NRIC/Passport No. _____, HEREBY RELEASE AND DISCHARGE you and or your authorized organizing agent or any other persons authorized by you and or your organizing agent from all claims that my said child may have for injury (including injury resulting in loss of life) however caused sustained by my child and for loss of or damage (however caused) to his/her personal belongings suffered at any time while taking part in the activities and events as participant or as visitor, while within the site of the activities and events for any purpose whatsoever.

Name and Signature of Parent/Guardian

Date