**Singapore Disability Sports Council**

**Learn-to-Play Programme Registration**

|  |
| --- |
| SECTION A: PROGRAMME DETAILS Please read the following carefully. |
| **Sport**  | : | Archery  |
| **Programme Dates** | : | 24 & 25 February , 3,4,10 & 11 March 2018  |
| **Time**  | : | 4.00PM to 6.00PM  |
| **Venue** | : | West Coast Highway Viaduct next to 2A Clementi Road or Kampong Range at Lor Tawas (TBA) |
| **Programme Fees** | : | PWD $100.00 per person Agents (Volunteers) $140.00 per person Includes 6 sessions of theory and practicum, Bow & Arrows rental, Certificates and Pins upon full course completion and a free Tee Shirt.  |
| **Slots Available** | : | PWD 6 Slots : Agents 2 Slots  |
| **Confirmation and Payment** | : | A confirmation email will be issued on placement and payment. If overwhelming interest is received, you may be placed on a waitlist.  |
| **Transport** | : | TO BE ADVICE NEARER TO DATE  |
| **Terms and Conditions** |
| 1. SDSC shall collect and use the personal information provided to facilitate the running of the programme, as well as planning, data processing, risk analysis and research purposes within SDSC or its agent(s). ‘Personal information” refers to all and any information relating to the participants obtained by SDSC in the course of and as a result of the provision of services to the participants. SDSC shall treat participants’ personal information as confidential. You understand that you can withdraw your consent at any time via email to sdsc@sdsc.org.sg and SDSC may not be able to continue providing services to you or the participants as a result. 2. Registration is only complete upon the confirmation of slot by SDSC and SDSC’s receipt of registration fees.3. Whilst reasonable precaution will be taken by SDSC and its agent(s) to ensure participants’ safety, participants are to understand that you are taking part in the programme at your own risk. SDSC and its agent(s) will not be held liable for any injury or death arising from participating in the programme or for any loss or damage to your property occurring in the course of the programme, except for such injury or death that is caused directly by SDSC or its agent(s)’ breach of legal duty of care. 4. The participants undertake that if, in the course of the programme, the participants deliberately or negligently cause any injury (whether fatal or otherwise) to any person or any damage to or loss of any property of any person, the participants shall indemnify SDSC in instance where the suffering party makes claims or takes actions against SDSC or its agent(s) for costs or expenses. 5. You understand that photographs and / or videos of participants may be taken during the programme, for use by SDSC on its social media and other promotional material, to promote disability sports.  |
| **SECTION B: REGISTRATION (FOR INDIVIDUALS)** |
| Registration Type  | :  | □ Beginner Archer ( only for person with disabilities)□ Agent ( Volunteer – you will learn the full course and be a Agent for the Beginner Archers) |
| Full Name (as in NRIC / Birth Cert)  | : |  |
| NRIC No. / Birth Cert. No | : |  | Gender | : | [ ]  M [ ]  F |
| Date of Birth | : |  | Age | : |  |
| Mailing Address | : |  |
| Contact No. | : |  |
| Email Address | : |  |
| Diagnosis (Disability) | : |  | Wheelchair User | : | [ ]  Yes [ ]  No |
| Will be taking shuttle service | : | Not Applicable  | Tee Shirt Size | : |  |
| **Emergency Contact**  |
| Name  | : |  |
| Relationship to Participant | : |  |
| Emergency Contact No. | : |  | Language Spoken | : |  |

|  |
| --- |
| SECTION C: REGISTRATION (FOR GROUPS) |
| **Main Contact Person** |
| School / Club / Organisation: | Address: |
|  |
| Name: | Gender: | Designation in School / Club / Organisation: |
|  | Male/Female |  |
| Contact Details: | Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Off: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: |
| **Group Participant Details**  |
| **Please complete the group participant profile in Annex A.** |
| **SECTION D: UNDERTAKING BY INDIVIDUAL PARTICIPANT / MAIN CONTACT PERSON** |
| (Please tick accordingly.) [ ]  I/We have read and understood the programme details, including its terms and conditions, and agree (on behalf of my group) to abide by them. I / My group also hereby release SDSC of all claims and damage that may arise in this programme. [ ]  I/We shall fully cooperate with the instructions and managing staff of the programme. [ ]  All the information submitted are true, accurate and complete. I/We understand that I/we should make further declarations of information if I/we feel that the information would affect the safety of me or my participants in this programme. I/We have not withheld any such information. [ ]  I/We undertake the responsibility to keep SDSC informed of any changes to the information submitted in this form. [ ]  I/We agree that it is my/our responsibility to ensure that I am or we are physically fit to participate in the programme and its sessions. I/we will consult a doctor if I/we have any doubt. I/We will also use the PAR-Q questionnaire (Annex B) as a self-assessment guide before registration.  |

|  |
| --- |
| **INDIVIDUAL PARTICIPANT / MAIN CONTACT PERSON** |
|  |  |  |
| Signed |  | Date |
|  |  |  |
| Print Name |  | NRIC/Passport No. |
| **PARENT (if participant is under 18 years of age or dependent)**  |
| Note: For group registration, the Main Contact Person shall ensure that consent has been sought from parents / guardians if the participant/s fall below 18 years of age, prior to submitting these forms.  |
|  |  |  |
| Signed |  | Date |
|  |  |  |
| Print Name |  | NRIC/Passport No. |

|  |
| --- |
| ANNEX A: GROUP PARTICIPANT PROFILE |
| **We are registering as:** | [ ]  **Aspiring sailors! (persons with disability)** [ ]  **Count-on-us volunteers!**  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Full Name (As in NRIC / Birth Cert)** | **NRIC No. / Birth Cert No.** | **Gender** | **Date of Birth** | **Age** | **Diagnosis (Disability)** | **Wheelchair User ( Y / N )** | **Taking Shuttle (Y/N)** | **Tee-Shirt Size** |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |

*Note: Please make a duplicate copy if necessary.*

|  |
| --- |
| EMERGENCY CONTACT |
| If the Main Contact Person is also participating in the programme, please designate another Emergency Contact below. |

|  |  |  |
| --- | --- | --- |
| Name  | : |  |
| Relationship to Group | : |  | Emergency Contact No. | : |  |

|  |
| --- |
| ANNEX B: PAR-Q & YOU |
| **The Par-Q is a self-assessment guide to help an individual find out more about whether he / she is fit for the activity at that particular moment. Please read the questions carefully and answer each one honestly, as it concerns your safety.** **Note: The Par-Q is designed for and more applicable for users aged 15 to 69 years old. Should you fall below 15 years old, your caregiver should provide the appropriate advice. If you are above 69 years old, you should seek clearance with your doctor before participation.**  |
| **Q1** | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?  | [ ]  Yes [ ]  No |
| **Q2** | Do you feel pain in your chest when you do physical activity? | [ ]  Yes [ ]  No |
| **Q3** | In the past month, have you had chest pain when you were not doing physical activity?  | [ ]  Yes [ ]  No |
| **Q4** | Do you lose your balance because of dizziness or do you ever lose consciousness?  | [ ]  Yes [ ]  No |
| **Q5** | Do you have a bone or joint problem (e.g. back, knee or hip) that could be made worse by a change in your physical activity?  | [ ]  Yes [ ]  No |
| **Q6** | Is your doctor currently prescribing drugs (e.g. water pills) for your blood pressure or heart condition?  | [ ]  Yes [ ]  No |
| **Q7** | Do you know of any other reason why you should not be doing physical activity?  | [ ]  Yes [ ]  No |

**If you answer ‘Yes’ to any question, please obtain medical clearance from a doctor before your registration.**