



**Active Tampines – Peter Lim Bowling Clinic (Nov/Dec 2019)**

**(Registration Closing Date : 1<sup>st</sup> November 2019)**

**BOWLING DATE:** 19 Nov, 21 Nov, 26 Nov, 28 Nov, 3 Dec & 5 Dec 2019 (Tuesday & Thursday)

**BOWLING TIME:** 10.00am to 12.00pm

**BOWLING VENUE:** Orchid Bowl @ Our Tampines Hub (#B1-48/49/50)

**Assemble Point / Time:** 9.40am assemble at Orchid Bowl @ Our Tampines Hub (#B1-48/49/50)

**No transport will be provided.**

**Fee:** Free of Charge

**\*Please remember to submit the registration form to the school Admin Office, latest by Friday 1<sup>st</sup> Nov 2019\***

**CHILD'S PARTICULARS**

Name of Participant (as in Birth Certificate): \_\_\_\_\_

NRIC No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: **MALE / FEMALE**

Name of Primary School: \_\_\_\_\_

Contact No: \_\_\_\_\_ (Home) \_\_\_\_\_ (HP)

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\* Child attended Bowling Clinic in Jun 2019? : YES / NO (Please select one) \*\***

**In case of emergency, please contact:**

Name of Parent/Guardian: \_\_\_\_\_

Contact Number: \_\_\_\_\_ (Please provide one contact number)

Email Address: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**CHILD'S MEDICAL BACKGROUND**

Medical Condition (e.g.: asthma, epilepsy, sports-related injuries):

\_\_\_\_\_

Allergies (e.g.: drugs, dietary, skin):

\_\_\_\_\_

Other Remarks:

\_\_\_\_\_

**Please Turn Over**

**INDEMNITY**

I consent to have my child, \_\_\_\_\_ (Full Name of Child as in Birth Certificate) and Birth Certificate Number \_\_\_\_\_ to take part in the Bowling Clinic of Active Tampines Peter Lim Community Sports Programme (ATPLCSP).

I hereby undertake that I will not hold the organiser and /or any of its officers, employees, contractors, members or sponsors responsible in the unlikely event of any accident causing injury, death or illness to the above-name child howsoever caused, sustained in the course of or in connection with the Active Tampines Peter Lim Community Sports Programme training, friendly matches or tournaments organised.

I also agree to fully indemnify Active Tampines Peter Lim Community Sports Programme and /or any of its officers, employees, contractors, members or sponsors against any losses, damages, claims or demands made which I may incur or be liable for in connection with my child's participation in the Active Tampines Peter Lim Community Sports Programme.

\_\_\_\_\_  
Parent/Guardians Name (as in NRIC)      Parent/Guardians NRIC Number      Signature of Parent/Guardians & Date

**Important Note to Parent/Guardian:**

**All parents/guardians are encouraged to attend a briefing session (Max 1 hour) on Thursday, 14<sup>th</sup> Nov, 8.00pm at Tampines Changkat CC Multi-Purpose Hall, level 4. (13 Tampines Street 11, Singapore 529453)  
For more information, please contact Tampines East Community Club at 6786 3227**

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**For Official Use Only:**

Application Processed by: \_\_\_\_\_

Participant Official Registration Number: \_\_\_\_\_