**Singapore Disability Sports Council**

**(Visual Impairment) Learn-to-Shoot Programme Registration 2020**

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| SECTION A: PROGRAMME DETAILS Please read the following carefully. |
| **Sport** | : | VI Shooting (Laser Rifle) |
| **Programme Dates** | : | 1st ,8th ,15th, 22th , 29th March 2020 5th ,12th ,19th April 2020Sundays0900hrs to 1100hrs |
| **Venue** | : | Denker Sports World Shooting Pte LtdTampines Safra (Wheelchair Accessible)1/A, Tampines Street 92, #B1-L3/L4, SAFRA, 528882 |
| **Organisers** | : | Singapore Disability Sports Council, Denker Sports World Shooting Pte Ltd |
| **Programme Fees** | : | $175.00 (inclusive of $50 one-year membership with Denker Sports World Shooting Pte Ltd)Includes 8 sessions of theory and practicum, weapon rental. |
| **Slots Available** | : | 4 slots per programme (If overwhelming interest is received, you may be placed on a waitlist or offered other sessions.) |
| **Other Information** | : | Open to all age groups with visual impairment.Students are welcomed to apply as well.For those who successfully complete the programme will be recommended by Denker Sports World Shooting Pte Ltd or SDSC for a level 2 Course at their own cost and time.  |
| **Transportation**  | : | Nearest MRT (Tampines West / Downtown line)450m / 5min walk via Tampines Ave 1 / Tampines St 92There will be no shuttle service provided |
| **Registration** | : | Deadline for registration is 14 February 2020. Upon confirmation of slots, subjected to the participant’s completion of a pre-programme assessment [2].Please submit your registration to Mr Feddy Seah (feddy.seah@sdsc.org.sg).Queries may be directed to Mr Feddy Seah at 6342 3564 or 9129 1274.Please download the registration form [here](https://sdsc.org.sg/wp-content/uploads/2019/10/LTP-Registration-Form-2019_Shooting.docx). |
| **Payment** | : | **a) Cash on First Lesson**or**b) Bank Transfer**Bank Name: DBS BankBank Address: DBS Building Tower 2, 6 Shenton WaySingapore (068809)Swift Code: DBSSSGSGBank Code: 7171Branch Code: 033Account Name: Singapore Disability Sports CouncilAccount Number: 033-021741-2(Please indicate your transaction as “HPS <Name ofparticipant/school/club>”)or**c) PayNow**PayNow (on your bank app)Key in UEN: S73SS0035B or use this QR Code. Write last4 digits and alphabet suffix of your NRIC/FIN (e.g. 1234A)or your organisation UEN in your reference box. |
| **Confirmation** | : | A confirmation email will be sent to participants upon registration. |

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| **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. Participants should ensure that that they are covered by their own personal accident insurance before entering the programme. The Organisers shall not provide insurance coverage for the participants. 5. 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. 6. 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. 7. As this is a subsidized programme, participants who fail to attend all six sessions of the programme without valid[[1]](#footnote-1) reasons may be requested to return the subsidy amounts provided by SDSC and SSA, and may not qualify as having completed the programme. In addition, such participants may be rejected from other programmes under SDSC in future.  |
| **SECTION B: REGISTRATION – PARTICIPANT DETAILS** |
| Full Name (as in NRIC / Birth Cert)  | : |  |
| Nationality | : |  |
| Date of Birth (DD/MM/YYYY) | : |  | Gender | : | [ ]  M [ ]  F |
| Contact No. | : |  | Age | : |  |
| Mailing Address | : |  |
| Email Address | : |  |
| Diagnosis (Disability and/or medical condition that requires medication)  | : |  | Wheelchair User | : | [ ]  Yes [ ]  No |
| Requesting shuttle service | : | [ ]  Yes [ ]  No | Tee Shirt Size | : |  |
| School | : |  |
| Shooting Experience | : | [ ]  Never taken shooting lessons before [ ]  Currently taking shooting lessons[ ]  Taken shooting lessons before  |
| **Parent / Guardian Particulars**  |
| Name  | : |  |
| Relationship to Participant | : |  |
| Contact No. | : |  |
| Contact Email: | : |  |
| **Emergency Contact (If different from above)**  |
| Name  | : |  |
| Relationship to Participant | : |  |
| Contact No. | : |  |

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| **SECTION D: UNDERTAKING BY PARTICIPANT OR PARENT/GUARDIAN (IF PARTICIPANT IS UNDER 18 YEARS OLD)** |
| (Please tick accordingly.) [ ]  I have read and understood the programme details, including its terms and conditions, and agree to abide by them. I also hereby release SDSC of all claims and damage that may arise in this programme. [ ]  I shall fully cooperate with the instructions and managing staff of the programme. [ ]  All the information submitted are true, accurate and complete. I understand that I should make further declarations of information if I feel that the information would affect the safety of me or my participants in this programme. I have not withheld any such information. [ ]  I undertake the responsibility to keep SDSC informed of any changes to the information submitted in this form. [ ]  I agree that it is my responsibility to ensure that I or my participants am/are physically fit to participate in the programme and its sessions. I will consult a doctor if I have any doubt. I will also use the PAR-Q questionnaire (Annex A) as a self-assessment guide before registration. [ ]  I agree that it is my responsibility to ensure that I am or my participants are covered by my / our personal accident insurance when participating in this programme.  |

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| **PARTICIPANT / PARENT OR GUARDIAN (IF PARTICIPANT IS UNDER 18 YEARS OF AGE)**  |
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| Signed |  | Date |
|  |  |  |
| Print Name |  |  |

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| ANNEX A: 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.**

1. Valid reasons refer to certified medical excuse and compassionate reasons. [↑](#footnote-ref-1)