**Singapore Disability Sports Council**

**Swimming Development Programme Registration Form 2023**

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| **SECTION A: 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 | : |  | | | |
| Swimming Classification (Eg. S1-S14, II2, II3) | : |  | Wheelchair User | : | ☐ Yes ☐ No |
| Swim Club / School | : |  | | | |
| Monthly Coaching Fees | : |  | | | |
| Application for Elite/ Development Swimming Programme | : | ☐ Development Programme | | | |
| **Parent / Guardian Particulars (if applicant under 18 years old)** | | | | | |
| 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 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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| **EVENTS, TIMING & WPS POINTS** | | | | |
| Name of Competition | Date (DDMMYY) | Event (eg. S14- 50m Freestyle) | Event Timing | WPS POINTS |
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