REGISTRATION FORM (2017)

< TEAM EVENTS >

|  |  |
| --- | --- |
| Individual/School/ Organisation : | Name |
| Address :  | Address | Postal code: Postal code |
| Person In-Charge/ Point of Contact :  | Salutation:[ ]  Dr [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Mdm |
| Full Name |
| Contact : | (mainline) | (mobile) |
| Email :  | Email address |
| Mode of Payment :  | [ ]  Cash [ ]  Cheque *\*(payment must be made prior to commencement of event)* |

**Team Events**

*Please check the boxes: (i) SPORT and (ii) Events.*

| **Sport**  | **Event – Doubles & Trios** |
| --- | --- |
| [ ]  Boccia | [ ]  BC1/BC2 Team | [ ]  BC3 Pairs | [ ]  BC4 Pairs |  |
| [ ]  Lawn Bowls | [ ]  Mixed Open Pairs |  |  |  |

|  |  |
| --- | --- |
| **Sport**  | **Event – Team Sport**  |
| [ ]  Goalball | [ ]  Mixed Open |  |  |  |
| [ ]  Powerchair Football  | [ ]  Mixed Open |  |  |  |
| [ ]  Wheelchair Basketball 3 on 3 | [ ]  Mixed Open |  |  |  |
| [ ]  Wheelchair Rugby  | [ ]  Mixed Open |  |  |  |
| [ ]  Football  | [ ]  Boy’s U12 5-a-side [ ]  Men’s Open 7-a-side  | [ ]  Girl’s U12 5-a-side[ ]  Women’s Open 7-a-side  | [ ]  Boy’s U17 7-a-side | [ ]  Girl’s U17 7-a-side |

**Team Particulars**

| **S/N** | **Full Name** | **Gender**(M/F) | **NRIC / FIN** | **DOB** | **Age** | **Class**(VI/ID/CP/MD/PI – ST or WH) | **T-shirt Size** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 2 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 3 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 4 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 5 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 6 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 7 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 8 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 9 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |
| 10 | Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |

Note:

* Please ensure that all individuals are properly registered for their event(s).
* All particulars submitted should be in full and correct upon submission.
* Participants 18 years and below must obtain parental or legal guardian consent, complete and submitthe official *Indemnity and Parent Consent Form*.

**Personal Data and Protection Act**

* By signing below, you agree that you have received consent to the collection, use and/or disclosure of the individual’s 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.
* The personal details of registered participants may be added to SDSC’s contact list, and participants may be sent 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 snpg@sdsc.org.sg or sdsc@sdsc.org.sg within 14 days from event date itself. Please note that SDSC will subsequently be unable to inform you of subsequent engagement events.
* Any photographs, motion picture videos, 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. These images will help SDSC with our cause to raise awareness for disability sports.
* In the event that a registered participant does 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 snpg@sdsc.org.sg or sdsc@sdsc.org.sg.
* Please update SDSC at snpg@sdsc.org.sg or sdsc@sdsc.org.sg of any changes in contact details so as to facilitate communication.

**Indemnity Clause**

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| --- |
| By submitting this form, the Participants listed above hereby agree to take part in the Singapore National Para Games 2017. The Participants will not take any legal actions and/or make any claims against SDSC, event officials, instructors, volunteers and all persons and/or agencies associated with the games, in the event of any injuries or mishap to self or equipment, arising from his/her participation before, during, and after the commencement of the competition/activities. The Participants also declare that he/she is fit to participate in the tournament.We agree that we have been given the opportunity to seek legal advice and/or have waived such right before signing the document. |
| Signature | School/Organisation Stamp | Date : DD/MM/YYYY |

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| For Official Use |
| Payment Status | SNPGOC Name | SNPGOC Signature |