REGISTRATION FORM (2018)

< INDIVIDUAL EVENTS >

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| --- | --- | --- | --- |
| 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 | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Participant Particulars** | | | | | | |
| **Full Name** | **Gender**  (M/F) | **NRIC / FIN** | **DOB** | **Age** | **Class**  (VI/ID/CP/MD/PI – ST or WH) | **T-shirt Size:** |
| Full Name | M/F | ID No. | DD/MM/YYYY | Age | Select Class. | Select Size. |

**Individual Events**

*Please check the relevant boxes under both colums: (i) SPORT and (ii) Events.*

| **Sport** | **Event – Individual / Singles** |
| --- | --- |
| Para cycling | Mixed Group A : 2000M  Mixed Group B : 1200M  Mixed Group C : 800M  Mixed Group D : 400M  Mixed Group E : 200M |

Note:

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

**PAR Q Assessment**

All participants to complete the forms and submit together with the registrations

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| 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**

**Personal Data and Protection Act**

* By signing below, you consent to the collection, use and/or disclosure of your personal 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](mailto:snpg@sdsc.org.sg) or sdsc@sdsc.org.sg within 14 days from event date. 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 registered a 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](mailto:snpg@sdsc.org.sg) or sdsc@sdsc.org.sg.
* Please update SDSC at [snpg@sdsc.org.sg](mailto: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, I, Full Name , NRIC/FIN hereby agree to take part in the Singapore National Para Games 2018. I 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 my participation before, during, and after the commencement of the competition/activities.  I also declare that I am fit to participate in the tournament.  I agree that I 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 |

**Parent Consent (to be completed by parent/guardian)**

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| --- | --- | --- |
| Next-of-Kin Details | | |
| Next-of-Kin  Full Name: | Salutation:  Dr  Mr  Mrs  Ms  Mdm | |
| Full Name | |
| Relationship to Participant : | Relation to Participant | |
| Contact : | (mainline) | (mobile) |
| Email : | Email address | |

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| --- | --- | --- |
| I, Full Name of Parent/Guardian , NRIC/FIN am the parent/guardian of the above Full Name of Child/Ward . I consent to my child/ward taking part in the games, and I agree to the indemnity and waiver set out in this form. | | |
| Name of Parent/Guardian | Signature of Parent/Guardian | Date : DD/MM/YYYY |

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| For Official Use | | |
| Payment Status | SDSC Representative Name | SDSC Representative Signature |