**Singapore Disability Sports Council**

**(Schools) Learn-to-Shoot Programme Registration 2019**

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| SECTION A: PROGRAMME DETAILS Please read the following carefully. | | |
| **Sport** | : | Shooting (Air Pistol) |
| **Programme Dates** | : | 16, 19, 21, 23, 26 & 28 November 2019, 1.30pm to 3.30pm |
| **Venue** | : | Singapore Sports School Shooting Range (wheelchair accessible)  1 Champions Way, Singapore 737913 |
| **Organisers** | : | Singapore Disability Sports Council, Singapore Shooting Association |
| **Programme Fees** | : | $125.00\* per person  Includes 6 sessions of theory and practicum, weapon and attire rental, as well as certificates and pins upon full course completion.  \*After 70% subsidy by Singapore Shooting Association and SDSC.  Low-income participants may apply to SDSC, Mr Feddy Seah ([feddy.seah@sdsc.org.sg](mailto:feddy.seah@sdsc.org.sg)) for financial assistance on a case-by-case[[1]](#footnote-1) basis. |
| **Slots Available** | : | 5 slots (If overwhelming interest is received, you may be placed on a waitlist or offered other sessions.) |
| **Other Information** | : | Open to students aged 10 to 18 with upper and/or lower limb impairment.  Students with lower limb impairment can shoot in seated position.  Students who complete the programme will be eligible to join the National School Games in April/May 2020 (pending the National School Games’ confirmation). |
| **Transport** | : | Nearest MRT (Woodlands)  Free shuttle service between MRT and school can be arranged upon request. |
| **Registration** | : | Deadline for registration is 1 November 2019. Slots will be filled on a first-come-first-served basis, subjected to the participant’s completion of a pre-programme assessment[[2]](#footnote-2).  Please submit your registration to Mr Feddy Seah ([feddy.seah@sdsc.org.sg](mailto:feddy.seah@sdsc.org.sg)).  Queries may be directed to Mr Feddy Seah at 6342 3564 or 9129 1274. |

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| **Payment** | : | Option A: PayNow (on your bank app)  Key in UEN: S73SS0035B or use this QR Code. Indicate “LTS 2019 -<Participant Name>” in the transaction details.  Option B: Bank Transfer  Account Name : Singapore Disability Sports Council  Bank Name : DBS Ltd, Singapore  Bank A/C : 033-021741-2  Swift Code : DBSSS GSG  Indicate “LTS 2019 -<Participant Name>” in the transaction details.  Option C: Cheque  Make your cheque payable to 'Singapore Disability Sports Council'.  Indicate ‘LTS 2019’ and the participant name behind the cheque.  Mail it to Singapore Disability Sports Council, 3 Stadium Drive, #01-34, Singapore 397630. |
| **Confirmation** | : | A confirmation email will be issued upon registration and payment[[3]](#footnote-3). |

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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](mailto: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[[4]](#footnote-4) 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. Please write in to SDSC with your appeal, with proof of financial assistance support needed, e,g, school verification of student on Financial Assistance Scheme. [↑](#footnote-ref-1)
2. This assessment will include a 30-min face-to-face interaction and equipment test to ensure the participant is able to complete the programme. [↑](#footnote-ref-2)
3. Payment shall be refunded to the participant should the participant not be recommended to join the Learn-to-Shoot programme. [↑](#footnote-ref-3)
4. Valid reasons refer to certified medical excuse and compassionate reasons. [↑](#footnote-ref-4)