

Singapore Disability Sports Council Swimming Elite/Development Programme Registration Form 2021

SECTION A: REGISTRATION – PARTICIPANT DETAILS				
Full Name (as in NRIC / Birth Cert)	:			
Nationality	:			
Date of Birth (DD/MM/YYYY)	:	Gender	:	<input type="checkbox"/> M <input type="checkbox"/> F
Contact No.	:	Age	:	
Mailing Address	:			
Email Address	:			
Swimming Classification (Eg. S1-S14, I12, I13)	:	Wheelchair User	:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Swim Club / School	:			
Application for Elite/ Development Swimming Programme	:	<input type="checkbox"/> Elite Programme <input type="checkbox"/> 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.	:			

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.

PARTICIPANT / PARENT OR GUARDIAN (IF PARTICIPANT IS UNDER 18 YEARS OF AGE)

Signed

Date

Print Name

