FORM A

ENTRY FORM

| **Name of Team Manager / Person-in-Charge** |  | |
| --- | --- | --- |
| **Organisation/ School (if applicable)** |  | |
| **Contact Number** | **(Office)** | **(Mobile)** |
| **Email** |  | |

**PARTICIPANT INFO**

| **No** | **Participant Full Name** | **Age** | **Gender** | **D.O.B** | **Class** (BC1, BC2, BC3, BC4 or Community) | **Roles**  (Athlete/ Athlete Competition Partner/ Coach/ Caregiver/ Sport Assistant, Others (Pls State)) | **Diet**  (Veg or Non Veg) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |

FORM B

**PHOTOGRAPHY AND VIDEOGRAPHY REFUSAL FORM**

| Full Name of Participant: |  |
| --- | --- |
| Event: | TIGER BALM NATIONAL BOCCIA CHAMPIONSHIPS 2024 |

I refuse permission for the use of images of my child or myself by the Organiser.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by: (Name of Participant/ Parent/ Caregiver)

Date: