





## ENTRY FORM

NATIONAL PARA TABLE TENNIS YOUTH CHAMPIONSHIPS 2025

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

**Please refer to entry information given for table of events and classification.**

**Entries will be void if the events and classification registered is/are not in accordance to the entry’s specifications**

**Please enter clearly and duplicate form for additional participants, if necessary.**

**Particpant Details:**

| **No** | **Participant Full Name** | **Age** | **Gender** | **Citizen/ PR/ Foreigner** | **Age Group** | **Sport Class** |
| --- | --- | --- | --- | --- | --- | --- |
|  *E.g 1.* | *Tan Kim Yi* | *17* | *F* | *Citizen* | *U19* | *TT5* |
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| Age Group**U15**: 10 – 14 years old(Born between the year 2010 – 2014)**U19**: 15 – 18 years old (Born between the year 2006 – 2009)**U21**: 19 – 20 years old (Born between the year 2004 – 2005)Sport Class**TT1 – TT5**: Physical Impairment, PI (Wheelchair)**TT6 – TT10**: Physical Impairment, PI (Standing)**TT11**: Intellectual Impairment**New**: New, not yet classified |
| --- |

**OFFICIALS**

**Officials eligible for accreditation:**

* **Team Manager (TM)**
* **Coach (C)**
* **Caregiver (CG) (Limited to participants who require additional physical or social assistance; capped at 1 caregiver per participant)**

**\*** To align with the capacity of Field of Play, SDSC reserves the right to issue the number of passes to the application.

| **No** | **Official Full Name** | **Gender** | **Accreditation (TM / C / CG)** | **For CG: Please state full name of participant to be supported** |
| --- | --- | --- | --- | --- |
| *E.g. 1.* | *Goh Siew Ting* | *F* | *CG* | Tan Kim Yi |
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**Total No.**

# Closing Date: 27 SEP 2025

**Submit to:** chiho.yoon@sdsc.org.sg

## FORM B



**PHOTOGRAPHY AND VIDEOGRAPHY REFUSAL FORM**

| Full Name of Participant: |  |
| --- | --- |
| Event: |  |

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



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

# Closing Date: 27 SEP 2025

**Submit to:** chiho.yoon@sdsc.org.sg