

YEAR-END HOLIDAY SPORTS & SOCIAL CAMP 2018



REGISTRATION FORM

DATE : 10-12 December (Monday to Wednesday)
TIME : 9.00am to 5.00pm
VENUE : Singapore Swimming Club / 1 Outing
AGE GROUP : 8 to 12 Years
GROUP SIZE : Minimum 15 / Maximum 30 <1st Applied 1st Accepted Basis / Priority given to 1st Timer >
CHARGES INCLUDE : \$214 per SSC Club Member) [GST included / Non-Refundable Upon Closing Date]
 ☆ 1 X Breakfast (Wednesday) ☆ 1 X T-Shirt + Prizes for All Participants
 ☆ 3 X Lunch (Everyday) ☆ Intro to 4 popular Sports endorsed by the Club
 ☆ Admission to an outing

{ CLOSING DATE }
16 NOVEMBER

< Programme subject to change without prior notice >

OBJECTIVE

To promote Healthy Lifestyle and to introduce SSC Popular Sports such as Badminton/Bowling/Table Tennis/Tennis to our junior members.

PARTICIPANT'S DETAILS

♦ I wish to register my child / children in the above Camp. ♦ Please debit my account accordingly.

[NAME OF CHILD / CHILDREN]	[GENDER]	[DATE OF BIRTH]	[AGE]	[HEIGHT]	[T-SHIRTS SIZE]
	M / F			cm	inches
	M / F			cm	inches
	M / F			cm	inches

Please fill-in T-SHIRTS SIZES in appropriate box with size no. 28 / 30 / 32 / 34 / 36 inches

** Measurement should be Total Inches taken around CHEST CIRCUMFERENCE **

[TOTAL INCHES = FRONT + BACK + Allowance if necessary]

* Exchange of t-shirt subject to availability *

Do your child / children own the following equipment? If yes, please tick accordingly.

Badminton Racket
 Tennis Racket
 Table Tennis Bat

PARENT'S DETAILS

NAME of PARENT: A/C No:

CONTACTS	[mobile]	ADDRESS	
	[office]		
	[home]		
	[fax]		

Postal Code : Singapore []

EMAIL:

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MEDICAL AUTHORISATION

▪ In case of **EMERGENCY** contact: -

NAME	:	_____	Relationship	_____
Contacts	:	_____ (Mobile)	_____ (Office)	_____ (Home)

NAME	:	_____	Relationship	_____
Contacts	:	_____ (Mobile)	_____ (Office)	_____ (Home)

NAME of FAMILY DOCTOR	:	_____	Relationship	_____
Contacts	:	_____ (Mobile)	_____ (Office)	_____ (Home)

MEDICAL CONDITION: (eg. asthma, epilepsy, etc)

ALLERGY : (eg. medication, food, insect bites, etc)
CURRENT MEDICATIONS :
OTHER REMARKS :

▪ **SECURITY**

Do you wish to PICK-UP your child / children at the Fitness Studio at 5pm during the 5-days camp? If NO, please advise the club on your arrangement for pick-up: -	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

▪ **INDEMNITY**

I, _____, A/C No: _____
the undersigned, do solemnly declare that I allow my child/children, to participate in the above camp and will not hold the club or its organising committee, responsible for any injuries, accidents or mishaps that may occur during camp.

By providing the information set out in this consent form and submitting the same to you, I consent to the Singapore Swimming Club ("SSC") collecting, using, disclosing my personal data and disclosing my personal data to SSC's authorised service providers and relevant third parties for purposes reasonably required by SSC to facilitate in SSC Management or Sub Committee meetings and SSC publications. These purposes are set out in greater detail in SSC's Data Protection Policy, which is accessible on the Club's website or may be provided to me upon request. I confirm that I have read and understood the Data Protection Policy.

For Official Ref: _____

Confirmed on : _____

Parent's Signature

Date