

# 2020 YEAR-END SCHOOL HOLIDAY SPORTS CLINICS



## Registration Form

<input type="checkbox"/> <b>BADMINTON</b> <b>CLOSING DATE:</b> 7 DECEMBER 2020	<b>Dates / Days</b> : 14 - 16 December (Monday - Wednesday)
	<b>Time</b> : 9.00am to 11.00am
	<b>Venue</b> : SSC Badminton Hall
	<b>Charges</b> : <input type="checkbox"/> \$128.40 / SSC Member [include ONE new Racket]
	<input type="checkbox"/> \$139.10 / SSC Member Registered Guest [include ONE new Racket]
	<input type="checkbox"/> \$85.60 / SSC Member [Bringing personal Racket]
	<input type="checkbox"/> \$96.30 / SSC Member Registered Guest [Bringing personal Racket]
	<b>Age Group</b> : 6 – 16 Years
	<b>Group Size</b> : Minimum 10 to commence
<hr/>	
<input type="checkbox"/> <b>Table Tennis</b> <b>CLOSING DATE:</b> 14 DECEMBER 2020	<b>Dates / Days</b> : 21 - 23 December (Monday - Wednesday)
	<b>Time</b> : 2pm to 4pm
	<b>Venue</b> : SSC Table Tennis Hall
	<b>Charges</b> : <input type="checkbox"/> \$85.60 / SSC Member
	<input type="checkbox"/> \$96.30 / SSC Member Registered Guest
	<b>Age Group</b> : 6 – 16 Years
	<b>Group Size</b> : Minimum 10 to commence
	<input type="checkbox"/> Bringing Personal Bat <input type="checkbox"/> No Bat
<hr/>	
<input type="checkbox"/> <b>Tennis</b> <b>CLOSING DATE:</b> 7 DECEMBER	<b>Dates / Days</b> : 14 - 17 December (Monday - Thursday)
	<b>Time</b> : 8am to 10am
	<b>Venue</b> : SSC Tennis Courts
	<b>Charges</b> : <input type="checkbox"/> \$160.50 / SSC Member
	<input type="checkbox"/> \$171.20 / SSC Member Registered Guest
	<b>Age Group</b> : 6 – 16 Years
	<b>Group Size</b> : Minimum 10 to commence
	<input type="checkbox"/> Own Racket <input type="checkbox"/> No Racket

### IMPORTANT NOTE

Please  appropriate box

- |                     |   |   |
|---------------------|---|---|
| <i>Eligibility</i>  | ➔ | <i>Must be SSC members in good health.</i>                                    |
| <i>Registration</i> | ➔ | <i>Based on 1<sup>st</sup>-applied-1<sup>st</sup>-accepted-basis.</i>         |
| <i>Charges</i>      | ➔ | <i>Include prevailing GST / Non-Refundable upon Closing Date.</i>             |
| <i>Attire</i>       | ➔ | <i>Must wear Sports Attires with Non-Marking Shoes for All Rackets Games.</i> |
| <i>Remarks</i>      | ➔ | <i>Event will be scrapped if minimum nos. of students is not met.</i>         |

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.

Photography, audio and video recording may occur when you attend or participate in this event or activity. By entering the event premises, you and your guest(s), if any, consent to interview(s), photography, and audio and video recording, and its/their release, publication or reproduction for marketing and promotions purposes.

Member's / Parent's Signature

Date

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## CHILDREN'S DETAILS

[ NAME OF CHILD / CHILDREN ]	[ GENDER ]	[ DATE OF BIRTH ]	[ AGE ]	<small>Please tick here is you wish to sign in / out your child @ game venue</small>
				<input type="checkbox"/>
				<input type="checkbox"/>

## PARENTS' DETAILS

NAME of PARENT [ Principal A/C ]			A/C NO	
	NAME of Spouse [ If Applicable ]			
CONTACTS	[ mobile ]	ADDRESS		
	[ home ]			
	[ office ]			
	[ fax ]		Postal Code : Singapore [ ]	
EMAIL				

## MEDICAL AUTHORISATION

▪ **In case of EMERGENCY, contact**

NAME : \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Contacts : \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Office) \_\_\_\_\_ (Home)

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

MEDICAL HISTORY / ALLERGY : \_\_\_\_\_

CURRENT MEDICATIONS : \_\_\_\_\_

OTHER REMARKS : \_\_\_\_\_

## INDEMNITY

I,  A/C No

the undersigned, do solemnly declare the following: -

- ↳ I will not hold the club or the Organising Committee, responsible for any injuries, accidents or mishaps that may occur during lessons.
- ↳ I allow my child / children, to participate in the Clinics and will not hold the club or its organising committee, responsible for any injuries, accidents or mishaps that may occur during lessons.

\_\_\_\_\_  
Member's / Parent's Signature

\_\_\_\_\_  
Date