

Couple Category



Kampong Chai Chee CC
200 Bedok North Ave 1, Singapore 469752. Tel: 62419878 Fax: 64485769

Serial no.

Valentine Run 2012 REGISTRATION FORM

Instructions on filling up the form

- Section 1 and 2 are compulsory.
- For applicant below 21 years old, a PARENT or GUARDIAN is required to fill up Section 3 and Section 4.
- For applicant 21 years old and above, please fill up Section 3 and Section 5.

The completed Form must reach Kg Chai Chee CC by 8 Feb 2012
Kg Chai Chee CC reserves the right to reject applicant with incomplete or late submission of the Registration Form.

Activity Title

Activity date(s)

Valentine Run 2012

18 Feb 2012

Section 1 APPLICANT'S PARTICULARS

Please tick (✓) where applicable.

BC/NRIC/Passport

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Male
Female

Date of Birth

dd	mm	yy							

Age

Name as in BC/NRIC/Passport _____

Home Address _____

Postal Code

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Tel No.

Home

6

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Office

6

ext.

Mobile Phone

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E-mail Address _____

Section 2 CONTACT PERSON'S PARTICULARS (In case of emergency)

Name as in BC/NRIC/Passport _____

Tel No.

Home

6

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Office

6

ext.

Mobile Phone

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Relationship to Applicant _____

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Section 3**MEDICAL DECLARATION****To be completed and signed by APPLICANT / PARENT / GUARDIAN**

Please tick (✓) where applicable.

HAVE YOU EVER HAD	No	Yes	If YES, please provide brief description such as when, diagnosis, treatment, medication was received and whether the condition is stable.
a) High Blood Pressure			
b) Diabetes			
c) Asthma			
d) Tuberculosis			
e) Heart Disease			
f) Bone or Joint Injury			
g) Skin Diseases			
h) Physical Disabilities			
i) Hearing Problem			
j) Eye Problem (excluding short-sightedness)			
k) Neurological problems (example fits, stroke)			
l) Nervous problem (eg anxiety, schizophrenia)			
m) Operations or admission to hospital			
n) Allergy to medicine/food			
o) Other Medical Problems/Conditions (include pregnancy)			

SELF-DECLARATION

I declare that all the information given above is true and correct.

Date

**delete where not applicable*

Signature of Applicant/Parent/Guardian*

Section 4	For APPLICANT BELOW 21 YEARS OLD To be completed and signed by PARENT / GUARDIAN
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ACKNOWLEDGMENT & CONSENT OF PARENT/GUARDIAN

I, _____ holder of NRIC/Passport No. _____ allow my *child/ward (name) _____ to attend the above activity from the date of _____ to _____. I am aware that my *child's/ward's attendance in the Course involves certain amount of risks. I understand that my *child/ward will have to co-operate fully with the staff/volunteer and diligently comply with all safety systems. I shall therefore not hold Kg Chai Chee CC responsible for any damage to or loss of property or any injury or loss of life which may be sustained by *my child/ward during the activity or arising from or in connection with the activity where such damage to or loss of property or any injury or loss of life is not caused by the negligence or wilful act or omission of Kg Chai Chee CC. I declare that all the medical information provided in Section 3 are true. My *child/ward is currently not suffering from any acute ailments or diseases. I further declare and confirm that I have read and fully understood all the sections in this course registration form and that all the information provided herein are true and ratify the Medical Declaration and Undertaking given by my *child/ward.

Name of *Parent/Guardian	Signature	Date
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Section 5	For APPLICANT 21 YEARS OLD AND ABOVE To be completed and signed by APPLICANT
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I, _____ holder of NRIC/Passport No. _____ am aware that my participation in the activity involves certain amount of risks. I understand that I will have to co-operate fully with the staff and diligently comply with all safety systems. I shall therefore not hold Kg Chai Chee CC responsible for any damage to or loss of property or any injury or loss of life which may be sustained by myself during the above activity where such damage to or loss of property or any injury or loss of life is not caused by the negligence or wilful act or omission of Kg Chai Chee CC.

I declare that all the medical information provided in Section 3 is true. I am currently not suffering from any acute ailments or diseases.

I further declare and confirm that I have read and fully understood all the sections in this course registration form and that all the information provided herein are true and ratify the Medical Declaration and Undertaking given by me.

Name of Applicant <i>* delete where not applicable</i>	Signature	Date
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<p>Event T-Shirt Size (Pls Circle)</p> <p>Chest Size in inches: 36, 38, 40, 42, 44, Others _____</p> <p>Signature _____</p>
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<p>To be signed when T-shirt is collected:</p> <p>Signature/Date _____</p>

<p>This portion to be retained and presented when collecting T-shirt (From 10th Feb to 17th Feb 2012)</p> <p>Size requested in Chest size (inches) 36, 38, 40, 42, 44, Others _____</p>

Serial No.

CC Chop