

PARTICIPANT'S DETAILS:-

NAME _____

NRIC _____

CONTACT NUMBER _____

ADDRESS _____

PARENT'S NAME _____

PARENT'S CONTACT _____

**Some activities may require exertion or can be strenuous,
Does the participant suffer from any sicknesses?**

E.g., Asthma, congenital heart disease, respiratory disorders, frequent fainting spells with dizziness & headaches, etc.

MEDICINE IN USE _____

ALLERGIES (IF ANY) _____

I/My child would like to participate in this event and agree to abide by the conditions imposed by the organizer throughout the whole event.

I am aware that the schedule is subject to unforeseen changes. I and any immediate family members will not hold the organizer responsible for any mishaps

I/my child may sustain before, during, or after the event.

Participant's Signature
Participant's Name:
Participant's NRIC:

if below 18 years
Parent's Signature
Parent's Name:
Parent's NRIC: