

## **PA**ssion Children's Football

### **Member's Personal Information**

Name of Child (Block Letters)

\_\_\_\_\_  
\_\_\_\_\_

NRIC / Passport Number

Place of Birth

Sex (please circle)

\_\_\_\_\_ Male / Female

Nationality

Religion

Date of Birth

\_\_\_\_\_

Residential Address

Residential Telephone Number

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Mobile Phone Number (If any)

Postal Code \_\_\_\_\_

\_\_\_\_\_

**Vaccination status:** \_\_\_\_\_

Messaging Contact Number

\_\_\_\_\_

Name of Parent (Father / Mother)

Office Number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Mobile Phone Number  
\_\_\_\_\_

Email : \_\_\_\_\_

### **MEMBER'S MEDICAL DECLARATION**

Full Name in Block Letters (Child)

Blood Group: \_\_\_\_\_

\_\_\_\_\_

Drug Allergy: \_\_\_\_\_

Name Next of Kin (In case of Emergency)

Relationship to Member

\_\_\_\_\_

\_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

### **Contact Number: (In case of Emergency)**

Mobile Phone \_\_\_\_\_ Residential Number \_\_\_\_\_

## IDEMNITY FORM

**Bukit Batok East Community Sports Club** -related program/s includes group dynamics and outdoors training of a physical nature. Whilst all due care is taken, there may be a risk of the participants, i.e. parents and children, suffering from emotional or physical injury or disability.

### Release of Liability

I, \_\_\_\_\_ , \_\_\_\_\_

**Name of Parent**

**NRIC / Passport No.**

Hereby UNDERTAKE TO ABSOLVEN the **People's Association** (hereby called "PA") and **Bukit Batok East Community Sports Club- PAssion Children's Football** (hereby called "PA CF") its servants and agents from all liabilities to myself and my child or my / his / hers\*

\_\_\_\_\_, \_\_\_\_\_

**Name of Child\***

**Birth Certificate No.**

Personal representative for any injury, loss or damage however occasioned which I/he/she\* may sustain:

- a) During the tenure of my / his / her\* enrolment under the BBE CSC PAssion Children's Football program; or
- b) During the period of any training or competition with any company, firm or organization, or individual to which I / he / she\* may undertake during the course of enrolment under the BBE CSC PAssion Children's Football program.

I FURTHER UNDERTAKE that I will at all times hereafter well and sufficiently indemnified against all claims, costs, charges and expenses which the BBE CSC PAssion Children's Football, it's servants and agents, may now or hereafter be liable to pay, incur or sustain in connection with:

- i) Any damage to property whether of any company, firm or organization, an employee or agent of any company, firm or organization, a trainee, coach or parent under the enrolment BBE CSC PAssion Children Football's program or any other person; and
- ii) Any damage, injury, illness or accident (whether fatal or otherwise) caused to any person whether an employee or agent of any company, firm or organization, a trainee, coach or parent under the BBE CSC PAssion Children's Football program or any other person.

Which is caused by myself and / or my child, or is the direct consequence of the provision of such facilities for training or educational visit mentioned above.

\*Delete where appropriate

\_\_\_\_\_, \_\_\_\_\_

Signature of Parent

Date

### For Official use:

Date Received:

Payment collected:

Name Handling Member: