

## PEOPLE'S ASSOCIATION WATER-VENTURE WATER COURSE / ACTIVITY APPLICATION FORM

You will need to present the following documents if applicable:  
 Full Time student card  PAssion Water-Venture Ez-Link card  Relevant Proficiency Certification

### PART 1 COURSE / ACTIVITY DETAILS

**Course / Activity Date(s):**

**For 10 Years and above**

- Kayaking Orientation Prog Half Day (Open Deck)
- Kayaking Orientation Prog Full Day (Open Deck)
- Dragon Boat Orientation Prog
- Dragon Boat Training 12-Crew
- Dragon Boat Training 22-Crew
- Bell Boat Orientation Prog

- Powered Pleasure Craft Driving License Training Course
- Powered Pleasure Craft Driving License Practical Revision
- Powered Pleasure Craft Driving License Practical Refresher

**For 12 Years and above**

- Kayaking Orientation Prog Half Day (Closed Deck)
- Kayaking Orientation Prog Full Day (Closed Deck)
- Kayaking 1 Star Award
- Kayaking 2 Star Award
- Kayaking 3 Star Training Course
- Kayaking 3 Star Assessment
- Windsurfing Orientation Prog
- Windsurfing Basic Course
- Windsurfing Intermediate Course
- Windsurfing Clinic
- Sailing Basic Pico Course
- Sailing Basic Laser Course
- Sailing Conversion Course
- Sailing Proficiency L1 Assessment
- Sailing Proficiency L2 Assessment
- Sailing Racing Clinic
- Sea Rafting
- Others: \_\_\_\_\_

### PART 2 PERSONAL PARTICULARS

\* Delete as necessary

<b>* NRIC / FIN / Passport Number / Birth Certificate Number</b>	<b>Date of Birth</b> (dd/mm/yyyy)
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<b>Name</b> (as stated in NRIC / FIN / Passport Number / Birth Certificate Number) * Mr / Ms	<b>PAssion Water-Venture Ez-Link Membership</b> <input type="checkbox"/> Non Member <input type="checkbox"/> PAssion <input type="checkbox"/> Water-Venture
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<b>Housing Type</b> <input type="checkbox"/> Condominium / Private Apartment <input type="checkbox"/> Landed Property  <input type="checkbox"/> 1 or 2 Room <input type="checkbox"/> 3 Room <input type="checkbox"/> 4 Room <input type="checkbox"/> 5 Room / Executive	<b>Race</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others
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<b>Home Address</b> _____ _____ _____ S ( )	<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>E-Mail Address</b> _____	

**Telephone Numbers**

Home: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

### PART 3 EMERGENCY CONTACT PARTICULARS

Name of Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Amount  Tax Invoice #  Date  Receipt #  Date  \*Cash/Cheque/NETS/IBG

**PART 4 MEDICAL DECLARATION**

-to be completed by Applicants (for above 21 yrs old) or Parents/Guardian(for those below 21 yrs old)

<b>1 HAVE YOU EVER HAD</b>	<b>YES</b>	<b>NO</b>	<b>If "Yes," please give details</b>
(a) Chest pain, high blood pressure, heart problems such as heart murmur, extra heart beat or other heart abnormality			
(b) Asthma, bronchitis, tuberculosis, sinusitis, other lung problems			
(c) Fits, epilepsy, fainting attacks, migraine, severe head injury			
(d) Eye problems except short sightedness			
(e) Ear problems/deafness			
(f) Nervous illness			
(g) Diabetes			
(h) Bone or joint injury			
(i) A carrier status for any infectious disease			
(j) Medical treatment within last two years			
(k) Are you pregnant?			
<b>2 DO YOU HAVE</b>	<b>YES</b>	<b>NO</b>	<b>If "Yes," please give details</b>
(a) Any disability			
(b) Any other medical information to note, e.g. food, drug allergy			
(c) Pacemaker			
<b>3 DO YOU REQUIRE</b>	<b>YES</b>	<b>NO</b>	<b>If "Yes," please give details</b>
(a) Routine medication			

**MEDICAL CERTIFICATION OF FITNESS**

(to be completed by a Medical Examiner if "Yes" indicated for any condition listed in 1 &amp; 2)

I examined \_\_\_\_\_ on \_\_\_\_\_ and found her or him \* FIT / UNFIT  
 (name) (date)  
 to participate in the course or activity. \* Delete as necessary

Remarks:

\_\_\_\_\_

Name of Medical Examiner

Signature and Date

Clinic Stamp

**PART 5 IF YOU ARE BELOW 21 YEARS OLD, COMPLETE THIS SECTION. IF YOU ARE AGE 21 AND ABOVE, GO TO PART 6****Undertaking**

I shall comply with the training conditions and regulations, which include no smoking, and no consumption of alcoholic drinks and drugs. I shall also cooperate fully with the instructions and staff / trainers of PA Water-Venture.

Name :

Signature : \_\_\_\_\_ Date :

**Medical Declaration**

I declare that all the information provided above is true. My child/ward is currently not suffering from any acute ailment or diseases.

**Acknowledgement of Risk & Consent of Parent / Guardian**

I, the undersigned, hereby consent to my \* Child / ward attending the PA Water-Venture course as detailed above in this form. I am aware that my \*child / ward's attendance in the course involves a certain amount of risk. I understand that my \*child / ward will have to cooperate fully with the staff and diligently comply with the staff's instructions and all safety systems. I declare and confirm that I have read and fully understand all the Parts in this course registration form and I hereby accept the risk involved in the Course as disclosed in the information provided by PA Water-Venture. I shall therefore not hold PA Water-Venture or People's Association or their servants and agents 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 Course or arising from any cause in connection with the Course 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 PA Water-Venture or People's Association or their servants and agents. I Further declare and confirm that all the information provided herein is true and ratify the Medical Declaration and Undertaking given by my \*child / ward.

Parent's / Guardian's name :

NRIC / Passport number :

Signature :  Date :

**PART 6 COMPLETE THIS SECTION ONLY IF YOU ARE AGE 21 AND ABOVE****Medical Declaration**

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

**Undertaking**

I shall comply with the training conditions and regulations, which include no smoking, and no consumption of alcoholic drinks and drugs.

**Acknowledgement of Risk**

I am aware that my attendance in the Course involves a certain amount of risk. I understand that I will cooperate fully with the staff and diligently comply with all safety systems. I shall therefore not hold PA Water-Venture or People's Association or their servants and agents responsible for any damage to or loss of property or any injury or loss of life which may be sustained by me during the Course or arising from any cause in connection with the Course 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 PA Water-Venture or People's Association or their servants and agents. I further declare and confirm that I have read and fully understood all the parts in this Course Registration Form and that all the information provided herein is true.

Name :

Signature :  Date :