



SingaporeSailing

**SAILFUN APPLICATION**

**COURSE DETAILS**

Select Course	:
Course Date	:

**PERSONAL PARTICULARS (to be completed fully in CAPITAL LETTERS)**

Full Name		NRIC / FIN / Passport No.
Date of Birth (dd/mm/yy)	Age	Race  (Others, please specify)
Address		Sex Male / Female
Postal Code		Email
Contact Numbers Mobile Home Office	Emergency Contact Name of Contact Person Relationship Contact No.(s)	

**DECLARATION**

I agree to abide by the rules and regulations stated below and hold myself solely responsible for any mishap or injury that may occur before, during or after the course as a result of my participation in the stated course organized by Singapore Sailing Federation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Part B - CONSENT OF PARENT/GUARDIAN (To be completed if participant is under 21 years)**

I, \_\_\_\_\_, NRIC No. \_\_\_\_\_, allow my child to participate in the course under the conditions as mentioned below.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**TERMS & CONDITIONS**

1. Minimum of six (6) participants are required for the course commencement.
2. Full payment for course must be paid either in cash, cheque, NETS, Visa or Master Card 1 week (7 working days) before the commencement of the course. Please make cheque payable to 'Singapore Sailing Federation'. There will be no refund for withdrawal from course once the registration is confirmed. An accepted application is non-transferable to other person(s) or future courses.
3. The Singapore Sailing Federation reserves the right to postpone, cancel, or change the venue and/or the course instructor, limit enrolment, refuse any enrolment and expel or reject any participants who misbehave or fails to conduct himself/herself in a proper manner.
4. The Singapore Sailing Federation, instructors and staff will not be held responsible for any losses, damages, injuries (fatal or otherwise) during the participation of the course.

<b>For official use</b>	
Amount Received:	Receipt No:
Received By:	Date:



**MEDICAL DECLARATION (to be completed if participant is under 21 years)**

**COURSE DETAILS**

Select Course

:

**PERSONAL PARTICULARS (to be completed fully in CAPITAL LETTERS)**

Full Name

NRIC / FIN / Passport No.

**MEDICAL HISTORY**

1. Is your child currently on medication?

Yes  No

If yes, please specify:

Does your child need assistance when administering medication?

Yes  No

2. Does your child suffer from any allergies?

Yes  No

If yes, please specify:

**DECLARATION**

I will not hold the Singapore Sailing Federation, instructors and staff responsible for any losses, damages, injuries (fatal or otherwise) during my child's participation of the course and any other subsequent training sessions at any training facility of the Singapore Sailing Federation.

Name of Parent

Relationship

Contact

Signature of Parent

Date