

SPORTS REGISTRATION FORM

Name	<input type="text"/>	Email	<input type="text"/>
Membership No	<input type="text"/>	Contact No	<input type="text"/>
Name of Attendees	<input type="text"/> (Member/Guest)		
	<input type="text"/> (Member/Guest)		
	<input type="text"/> (Member/Guest)		

I hereby give my acknowledgement and consent to the Chinese Swimming Club to use my personal data for the aforesaid purposes.

SPORTS ACTIVITIES (MAR – MAY) – Please tick accordingly

- | | |
|--|--|
| <input type="radio"/> CSC-BABOLAT BADMINTON HOLIDAY CAMP
Mon, Tue, Wed & Fri, 13, 14, 15 & 17 Mar 2017
5.00pm to 7.00pm
Closing Date: Mon, 27 Feb 2017 | <input type="radio"/> SQUASH DEVELOPMENT PROGRAMME
Every Sat, 4.00pm to 6.00pm |
| <input type="radio"/> FUN RUN
Fri, 24 Mar 2017, 6.15pm – 7.00pm
Thu, 6 Apr 2017, 6.15pm – 7.00pm
Fri, 21 Apr 2017, 6.15pm – 7.00pm
Thu, 4 May 2017, 6.15pm – 7.00pm | <input type="radio"/> SNOOKER & POOL TGIF NIGHT
Every Fri, 6.00pm to 11.00pm |

TERMS AND CONDITIONS

1. Fees quoted are inclusive of 7% GST.
2. There will be no refund of course fee (partial or full) once the activities have commenced.
3. Please note that for activities with limited vacancies, registration will close upon maximum capacity or closing date, whichever occurs first.

INDEMNITY

In this declaration, I hereby agree that I will not hold Chinese Swimming Club, their appointed staff or officials responsible in any way for any mishaps, injuries or loss of life or for loss of damage to any property howsoever arising out of or in the course of or in connection with the above activities; and I shall indemnify Chinese Swimming Club and their appointed staff and officials from and against any actions, proceedings, liabilities, claims, damages, cost and expenses which may be brought by or asserted against them by any person in connection with the same.

Member's Signature

Date

(Note: Absence from activities does not indicate withdrawal unless the official WITHDRAWAL FORM is received in good time*)

FOR OFFICIAL USE

Date Received: _____ Effective Date: _____ Officer-in-charge: _____ Billing Amount: \$ _____