



REGISTRATION FORM

(LIFESTYLE ON-GOING ACTIVITIES)

Please tick accordingly:

<input type="checkbox"/>	Hatha Yoga For Health (Female) Day : Monday or / and Friday Time/Venue: <u>6.45pm - 8.00pm</u> , Activity Suite, SC Fee per month: \$53.50/Member, \$74.90/Guest \$69.55/Member (Twice a week, weekday)	<input type="checkbox"/>	Chinese Calligraphy Day: Monday Time/Venue: <u>9.00am - 11.00am</u> , Multipurpose Room, SC Fee per month: \$16.05 (Member) / \$32.10 (Guest)
<input type="checkbox"/>	Gentle Yoga For Health (Female) Day : Tuesday Time/Venue: <u>10.15am - 11.15am</u> , Activity Suite, SC Fee per month: \$53.50/Member, \$74.90/Guest	<input type="checkbox"/>	Chinese Brush Painting (Thu) Day: Thursday Time/Venue: <u>10.00am - 12.00pm</u> , Multipurpose Room, SC Fee per month: \$123.05 (Member) / \$155.15 (Guest)
<input type="checkbox"/>	Gentle Yoga For Health (Female) Day : Friday Time/Venue: <u>9.00am - 10.00am</u> , Activity Suite, SC Fee per month: \$53.50/Member, \$74.90/Guest	<input type="checkbox"/>	Taiji-Qigong (Beginner) Day: Sunday Time/Venue: <u>8.00am - 9.15am</u> , Activity Suite, SC Fee per month: \$42.80 (Member) / \$74.90 (Guest)
<input type="checkbox"/>	Yang Style Taiji-Quan (Beginner) Day: Wednesday Time/Venue: <u>8.00pm - 9.30pm</u> , Activity Suite, SC Fee per month: \$26.75 (Member) / \$56.71 (Guest)	<input type="checkbox"/>	Taiji-Neigong (Beginner) Day: Tuesday Time/Venue: <u>8.00pm - 9.30pm</u> , Lattice Suite, RC Fee per month: \$74.90 (Member) / \$101.65 (Guest)

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

Please complete this section with full and updated particulars. Amount will be debited from principal member's account.

Member (1): MR/MRS/MDM/MS/DR _____ A/C No.

--	--	--	--	--

(2): MR/MRS/MDM/MS/DR _____

(3): MR/MRS/MDM/MS/DR _____

Address: _____ S'pore ()

Email: _____

Contact No.: _____ (H) _____ (O) _____ (HP) **Total Participants** _____

Terms and Conditions

- The Club reserves the right to cancel the above activity due to poor response.
- Withdrawal notice must be submitted in writing or on the official Lifestyle Withdrawal Form at least 2 weeks in advance before the next billing month. (i.e. Charges will cease in Feb for notice received on or before 15 Jan. Charges will cease in Mar for notice received after 15 Jan). Absence from activities does not indicate withdrawal unless withdrawal notice is received.
- There will be no refund of course fee (partial or full) for no-show and lesson that falls on Club closure days i.e. eve of Chinese New Year (CNY), 1st day of CNY and Staff Dinner & Dance.
- Photographs and videos may be taken for use in our archival and publicity material.

Indemnity

In this declaration, I/We hereby agree that I/We 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 or damage to any property howsoever arising out of or in the course of or in connection with the above activities which I/We have opted to take part in; and I/We 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 Chinese Swimming Club and their appointed staff and officials by any person in connection with the above activities and which has been caused whether directly or indirectly, by any act or omission on my/our part.

I/We have read and understood the terms and conditions stipulated above and I/We hereby agree to abide by and be bound by such terms and conditions and the Constitution and Bye-Laws of the Chinese Swimming Club.

Member (1) Signature
(I Agree to the Terms & Conditions and Indemnity stated above)
Date: _____

Member (2) Signature
(I Agree to the Terms & Conditions and Indemnity stated above)
Date: _____

Member (3) Signature
(I Agree to the Terms & Conditions and Indemnity stated above)
Date: _____

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