Sponsored by: **Organised by:**

Crocodile Challenge Cup 2017

(24th May to 28th May 2017)

Registration Form

(Registration fee: $10 per category, inclusive of GST, by cash only)
(Deadline: 18th April 2017, 12 noon)

Please tick only one:

☐	Primary 1 & 2 (Boys)	☐	Primary 1 & 2 (Girls)	*(born in year 2009 & 2010)*
☐	Primary 3 & 4 (Boys)	☐	Primary 3 & 4 (Girls)	*(born in year 2007 & 2008)*
☐	Primary 5 & 6 (Boys)	☐	Primary 5 & 6 (Girls)	*(born in year 2005 & 2006)*

Please tick only one:

☐ 1st Ranking ☐ 2nd Ranking *(Ranking for the 2 nominees [if applicable])*

School:		
Name of Player: (English)	(Chinese)	
NRIC/Birth Cert.:	Date of Birth (dd/mm/yy):	Age:
Contact No.: (H) (HP)	E-mail:	Gender: M /F *

Note: All correspondences will be made via e-mail.

DECLARATION

I hereby declare that the particulars given above are true and correct to the best of my knowledge. I have read the rules and regulations and agreed to abide by them. I understand that the registration form will be discarded without prior notification given if the information provided is found to be incomplete, illegible or incorrect, or if payment is not settled before the closing date.

INDEMNITY:

In this declaration, I hereby agree that I will not hold Singapore Table Tennis Association and their appointed staff or officials responsible or liable in any way for any mishaps, injuries, loss of life, loss of or damage to any property howsoever arising out of or in the course of or in connection with the above activities; and I shall indemnify the above mentioned organisers 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.

To be completed by Parent/Guardian* of Participant

I, _____ (Name), _____ (NRIC) declare that I am the parent /guardian* of the applicant and certify that his /her particulars given are true and correct, and give my full consent for his /her participation.

_____ _____

Signature of Parent/Guardian* Date

** Please delete accordingly*

Official Use Only Receipt No.: _____ Collected by: _____ Date: _____