

Dr Ng Eng Hen Cup - STTA Table Tennis Championships 2017
31 August to 10 September 2017 @ Toa Payoh Central Community Club

Registration Form

Open to Singapore citizens only. A player can only participate in **his/her age-group** category and the **next immediate age group** only. (**Max: 2 age groups**). For example, an age 12 girl can participate in Girls' 12 & Under and Girls' 15 & Under categories but cannot register for Girls' 18 & Under category. All Age-Group players are allowed to participate in the Singles events.

I would like to participate in the following event(s):

(Please tick accordingly)

(Deadline: **13 July 2017 (Thursday) at 12.00 noon**)

- | | |
|--|---|
| <input type="checkbox"/> Men's Singles (\$12) | <input type="checkbox"/> Women's Singles (\$12) |
| <input type="checkbox"/> Boys' 18 & Under (\$12) | <input type="checkbox"/> Girls' 18 & Under (\$12) |
| <input type="checkbox"/> Boys' 15 & Under (\$12) | <input type="checkbox"/> Girls' 15 & Under (\$12) |
| <input type="checkbox"/> Boys' 12 & Under (\$12) | <input type="checkbox"/> Girls' 12 & Under (\$12) |
| <input type="checkbox"/> Boys' 9 & Under (\$12) | <input type="checkbox"/> Girls' 9 & Under (\$12) |

Total Registration Fee = \$ _____

(Name as in Birth Certificate / NRIC. Please use Dark Pen to fill the following data CLEARLY)

Name : _____ (Chinese)
NRIC No.: _____ Date of Birth : _____ (dd/mm/yy)
Contact No.: _____ (Home) _____ (Mobile)
Address : _____ S(_____)
Email : _____
(compulsory) _____
(Please write in the name of your school/club in FULL)
School / Club : _____

I understand that the registration form will be discarded without prior notification given if it is incomplete or the handwriting is illegible or the information given is incorrect or payment is not settled before the closing date.

INDEMNITY:

In this declaration, I hereby agree that I will not hold Toa Payoh Central CSC, Singapore Table Tennis Association, their appointed staff or officials responsible in any way for any mishaps, injuries or loss of life or for 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 Toa Payoh Central CSC, Singapore Table Tennis Association 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.

Signature of Applicant

Date

To be completed by parent / guardian of the applicant under 18-year-old

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

Official Use Only

Receipt No.: _____ Collected by: _____ Date: _____

Privacy Policy

The “Organisers” (namely *Toa Payoh Central Community Sports Club and Singapore Table Tennis Association*) take this opportunity to share with you the Privacy Policy which outlines how they manage your personal data including the purposes for which your personal data may have been or may be collected, used or disclosed.

Please note that the Privacy Policy forms a part of the terms and conditions governing your relationship with the “Organisers” and should be read in conjunction with those Terms and Conditions.

By participating in this “Competition” (*Dr Ng Eng Hen Cup – STTA Table Tennis Championships 2017*), you have agreed that the “Organisers” may be able to use your personal information to contact you regarding to the “Competition” and to share upcoming events. You may, however subsequently inform the “Organisers” through any form of media (email, phone or in writing) should you decide not to receive any.

Information gathered will not share with other entities. Please contact the “Organisers” should you have any queries.

I read and fully understand and agree with the Privacy Policy.

Note: To be signed by parent / guardian of the applicant under 18-year-old

Name

Signature

NRIC: _____