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Crocodile Challenge Cup 2018

(23rd May to 27th May 2018)

Registration Form

(FOR SINGAPOREANS ONLY)

(Registration fee: \$10 per category, inclusive of GST, by cash only)

(Deadline: 12th April 2018, Thursday, 12 noon)

Please tick only one:

- | | |
|---|--|
| <input type="checkbox"/> Primary 1 & 2 (Boys) | <input type="checkbox"/> Primary 1 & 2 (Girls) <i>(born in year 2010 & 2011)</i> |
| <input type="checkbox"/> Primary 3 & 4 (Boys) | <input type="checkbox"/> Primary 3 & 4 (Girls) <i>(born in year 2008 & 2009)</i> |
| <input type="checkbox"/> Primary 5 & 6 (Boys) | <input type="checkbox"/> Primary 5 & 6 (Girls) <i>(born in year 2006 & 2007)</i> |

Please tick only one:

- | | |
|--|--|
| <input type="checkbox"/> 1 st Ranking | <input type="checkbox"/> 2 nd Ranking <i>(Ranking for the 2 nominees [if applicable])</i> |
|--|--|

School:		
Name of Player: (English)	(Chinese)	Tee Shirt Sizing: 8 / 10 / 12 / 14 (4xs/3xs/2xs/xs)
Birth Cert No.:	Date of Birth (dd/mm/yy):	Age:
Contact No.: (HP) (H)	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: _____