

Dr Lee Bee Wah Cup - STTA Table Tennis Championships 2018

16 to 25 November 2018 @ Nee Soon South Community Club

Registration Form

Is the participant a Singapore citizen? YES NO (For examples: PR, EP, S Pass, work Permit, Student Pass, Long-Term Visit Pass etc.)

Open to Singapore citizens only. A player can only participate in a maximum of 2+1 events which includes two age group events and one open event. For age group events, he/she is only permitted to play in his/her age group category and the next immediate higher age group. For example, a 12 year old girl can participate in "Girls' 12 and Under" and "Girls' 15 & Under" categories but cannot register for "Girls' 18 & Under" Category.

Please tick accordingly

Deadline: 12noon on 4 October 2018, Thursday

- | | |
|--|---|
| <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 : _____ (English) _____ (Chinese)

Identity No. : (S / T)

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 DOB:

(D)	(D)	(M)	(M)	(Y)	(Y)

Contact No. : _____ (Mobile) _____ (Home)

Address : _____ S(_____)

Email : _____
(*compulsory)

School / Club : _____

Privacy Policy

The "Organisers" (namely *Nee Soon South Community Club Management Committee 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 Lee Bee Wah Cup – STTA Table Tennis Championships 2018*), 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.

I understand that the registration form will be discarded without prior notification given if it is incomplete, handwriting is illegible, 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 Nee Soon South CCMC, 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 Nee Soon South CCMC, 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 give my full consent for his / her participation. I hereby indemnify and agree to keep Nee Soon South CCMC, 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 Parent / Guardian

Date

Official Use Only

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