



# Deaf Youth Sports Camp

(16<sup>th</sup> March 2018 to 18<sup>th</sup> March 2018)



DEAF SPORTS ASSOCIATION  
SINGAPORE

## Registration Form

The **Deaf Youth Sports Camp** will be conducted as a 3-day, 2-night event (16<sup>th</sup> March 2018 to 18<sup>th</sup> March 2018), which targets Deaf youths who indicate an interest in both sports and developing a deeper understanding towards the Deaf culture and community. This camp will be held at the Sembawang Camp Challenge Adventure Training site. This inaugural event aims to cultivate and strengthen participants' character traits such as teamwork and determination, through both games and challenges. The camp will also serve as a platform for participants to develop their leadership capabilities, and hone their self-confidence.

### **Instruction to Applicants:**

1. Kindly ensure the registration form is completed before submitting it to Deaf Sports Association via email ([jjayi@dsa.org.sg](mailto:jjayi@dsa.org.sg)) by **26<sup>th</sup> February 2018**.
2. All sections are compulsory unless stated otherwise.
3. Application is only made available to those who are within the ages of **15 to 30 years**.
4. This application is also available to Child of Deaf Adult (CODA).
5. A registration fee of **\$20** is applicable. Upon confirmation of your participation, full payment must be made by **4<sup>th</sup> March 2018**. Payments are non-refundable. More details on payment will be sent to you via email in due time.

Section A	Participants Details		
Full Name:			
NRIC:		Age:	
Date of Birth:		Gender:	*Male / Female
Religion:		Race:	
Nationality:		Occupation:	
Home Address & Postal Code:			
Email Address:			
Telephone No:		Handphone No:	
Dietary Preference:	*Vegetarian / Halal / Nil Others, please specify:		
T-Shirt Size:	*XS / S / M / L	Status:	*Deaf / Hard of Hearing / CODA



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<b>Section B</b>	<b>Emergency Contact Details</b>
Name of next-of kin:	
Relationship:	
Contact No:	

<b>Section C</b>	<b>Medical Information</b>
Any specific medical conditions requiring medical treatment?	*Yes/ No If yes, please specify:
Are you on any medication(s)?	*Yes/ No If yes, please specify:
Do you have any food allergies?	*Yes/ No If yes, please specify:

<b>Section D</b>	<b>To be completed by participants (18 years old and above)</b>
<ol style="list-style-type: none"> <li>1. I hereby declare to participate in the above-mentioned event organized by Deaf Sports Association Singapore in accordance to my own will.</li> <li>2. I understand that the Organisers accept no responsibility for loss, damage or injury caused by or during attendance at any of the activities organised except where such loss, damage or injury can be shown to result directly from the negligence of the Organisers</li> <li>3. I confirmed that I do not suffer from any medical condition other than those listed in Section C.</li> <li>4. I consent to be photographed during Deaf Sports camp. I understand that although my photograph may be used for advertising, my identity will not be disclosed. I do not expect compensation and that all photos are the property of Deaf Sports Camp and its affiliates</li> </ol>	
Name of Participant:	
Signature:	Date:



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Section E	To be completed by Parent / Guardian of participants below 18 years old
<ol style="list-style-type: none"> <li>1. I hereby declare to participate my child / ward the above-mentioned event organized by Deaf Sports Association Singapore.</li> <li>2. I understand that the Organisers accept no responsibility for loss, damage or injury caused by or during attendance at any of the activities organised except where such loss, damage or injury can be shown to result directly from the negligence of the Organisers.</li> <li>3. I confirmed that my child / ward do not suffer from any medical condition other than those listed in Section C.</li> <li>4. I understand that I will be notified in the case of a medical emergency involving my child / ward. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child /ward is injured or becomes ill.</li> <li>5. I consent my child / ward to be photographed during Deaf Youth Sports camp. I understand that although my child's / ward's photograph may be used for advertising, his/ her identity will not be disclosed. I do not expect compensation and understand that all photos are the property of Deaf Youth Sports Camp and its affiliates.</li> </ol>	
Name of Parent / Guardian:	
Relationship:	
Signature:	Date:

*\* Delete where appropriate.*