



SINGAPORE CRICKET CLUB JUNIOR SQUASH TRAINING PROGRAMME

By ULTIMATE SQUASHER



****For Use: 22 September to 24 November 2018****
For ages 12 to 16 years old

THE FORM MUST BE COMPLETED BY THOSE WHO WOULD LIKE TO PARTICIPATE

(Each participant must have a separate registration form filled out)

PARTICIPANT DETAILS

First Name: _____ Family Name: _____

SCC Membership Number (if applicable): _____

Email Address: _____

Contact Telephone or Mobile No.: _____

Date of Birth (dd/mm/yyyy): _____ Nationality: _____

Date Arrived in Singapore: _____ (for non-Singaporeans only)

PARENT / GUARDIAN DETAILS

Parent / Guardian mobile telephone number: _____

Parent / Guardian email address: _____

Alternate Emergency Contact Name and no: _____

Relationship of Emergency contact to child: _____

PAYMENT DETAILS

Training sessions at the Singapore Cricket Club Squash Courts. Coaches will be assigned based on both age and current playing level/ skills.

Payment for:

SCC Squash Junior Training

Term: 22 September 2018 to 24 November 2018

\$520* per term (10 sessions) @ SCC Squash Courts on Saturday 11.00am to 1.00pm for SCC Member

\$570* per term (10 sessions) @ SCC Squash Courts on Saturday 11.00am to 1.00pm for Guest

*Note:

1) Includes one-off payment for insurance, excluding 7% GST)

2) No refunds, credits, or make up classes for missed classes

Amount: SGD\$ _____ Mode of Payment: Cheque / Debit SCC Member's account: _____

Payment details:

By cheque: no. _____ Bank Name: _____

TERMS AND CONDITIONS

1. Please make your payment by cheque payable to “Singapore Cricket Club”.
2. Whilst all care will be taken by SCC in conducting SCC Junior Squash Programme ("Programme"), all participants and the parents or legal guardian of the participants of the Programme:
 - hereby release Singapore Cricket Club (the "Club") and Ultimate Squasher of any liability if the Programme has caused any loss, damage, death or personal injuries to the participants arising directly or indirectly as a result of their participation in the Programme;
 - will inform the Programme coaches of any injuries or medical conditions that affect participation in sporting activities;
 - hereby release the Club of any liability whatsoever if the Programme is cancelled and/or rescheduled for any reasons whatsoever due to circumstances beyond the Club's control;
 - grant to the Club moral rights waiver to use, amend, modify, adapt, reproduce, publish any still or moving images of the participants and/or their parents or legal guardians that are taken as part of the Coaching Clinic for any promotional or marketing or any other purposes as the Club may in its absolute discretion deem fit.

MEDICAL CONDITIONS

Are there any medical conditions that the Club needs to be made aware of? If so, please specify:

PARENTAL CONSENT

I, _____ parent/ legal guardian of my child participating in the programme hereby agree to be bound by the terms and conditions herein.

- I am aware that there are physical risks and hazards in Squash and in my child’s training, which include but are not limited to:
 - Muscular injuries resulting from physical exertion, rapid movements and quick turns and stops on court.
 - Injuries to eyes, teeth, face and other parts of body resulting from being hit by racquets or balls
 - Bruises, scrapes and other injuries resulting from falling to the floor or colliding with the wall or other players
- I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately.
- I confirm that I will ensure that my child attends matches and practices with the appropriate clothing and kit, together with a drink and it is MANDATORY for my child to wear protective eyewear and non-marking footwear during training and matches.
- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed in this form.
- I consent to my child receiving medical treatment, which, in the opinion of a qualified medical practitioner, may be necessary.

Parent’s Name: _____ Parent’s Contact No: _____

Parent’s Email Address: _____ NRIC No. _____

Signature: _____ Date: _____

Please direct all queries to: Email: ultimatesquasher@gmail.com