

新加坡武术龙狮总会
散打交流赛
2018年1月13日, 1.00 pm - 总会练武厅

**Sanda Friendly Match Organised By
Singapore Wushu Dragon & Lion Dance Federation**

13 January 2018, 1.00 pm Federation's Training Hall

报名表格 Registration Form

姓名 (中文) : NAME (CHINESE):		姓名 (英文) : NAME (ENGLISH):		性别: 男/女 SEX: M / F *	护 照 相 片 Passport Photo
出生日期: DOB:	居民证号码: NRIC NO.:	职业: PROFESSION:			
地址 : ADDRESS:		邮区: POSTAL CODE:			
年龄: AGE:	手提电话: MOBILE:	住家电话: HOME:	第一次参加搏击类比赛: 是/否 FIRST TIME PARTICIPATING IN SIMILAR COMPETITION: Y / N *		
体重: WEIGHT:	电邮: EMAIL:				

在紧急情况下, 我们可以联系 In case of emergency, we may contact :

亲属名称 (1) : Next-of-Kin Name 1:	亲属名称 (2) : Next-of-Kin Name 2:
关系: Relationship:	关系: Relationship:
联络号码: Contact No:	联络号码: Contact No:

参加者签名
SIGNATURE OF PARTICIPANT

会长 / 主席签名
SIGNATURE OF
PRESIDENT/CHAIRMAN

团体名称及盖章
NAME & STAMP OF ORGANIZATION

Registration Closing Date is on 8 January 2018, Monday, 3:00pm
Weigh-in is on 10 January 2018, Wednesday 8:00pm to 9:00pm at Federation, Fitness Room
Incomplete Registration Form will not be accepted.

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Waiver of Liabilities

ENGLISH NAME: _____

CHINESE NAME: _____

DATE OF BIRTH: _____

NRIC NO: _____

我参加此次交流赛，系属自愿。若有任何意外，概由本人自行负责，与总会和工作人员无关，并愿遵守散手赛章程。

I, _____, the undersigned, knowingly and without duress, do voluntarily submit my Entry to the Friendly Match. In consideration, the Singapore Wushu Dragon & Lion Dance Federation accepting my application, I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from or in connection with my participation in the above event. Acting for myself, personal officers, agents, representatives and assignees, I do hereby release the Federation, its officers, agents, representatives, servants, employees, volunteers, and all other related members from all claims, actions, suits and controversies at law or in equity by reason of any matter, cause or thing whatsoever that I may sustain as result of or in connection with my participation in the above event. I fully understand that any medical attention or treatment afforded to me by the Federation, its officers, agents, representatives, servants, employees, volunteers, and all other related members from any liability for such aid. I understand it is my obligations to obtain medical coverage.

I agree to abide by and follow the Rules established by the Federation and the Organising Committee, and I understand that my protest must be conducted in accordance with the Rules of Arbitration.

I have read and fully understand the Waiver listed above.

Signature of Participant

Date

For Participants below 21 years old

Name & Signature of Parent / Guardian

Date