2023年第二十七届義安城全国舞狮锦标赛

报名表格

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| 团体名称： | | 电话： | | | 传真： |
| 地址： | | | 邮区： | | |
| 领队： | 电话： | | | 手提： | |
| 教练： | 电话： | | | 手提： | |

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| 南狮传统公开项目 | | | | | | | 南狮自选高桩项目 | | | | | | 北狮自选项目 | | | | | |
| 公开项目 | | | | | | | 南狮自选高桩项目 | | | | | | 北狮自选项目 | | | | | |
| 女子公开项目 | | | | | | |  | | | | | |  | | | | | |
| 儿童项目 | | | | | | |  | | | | | |  | | | | | |
| 少年项目 | | | | | | |  | | | | | |  | | | | | |
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| 姓名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  居民证：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | 姓名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  居民证：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | 姓名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  居民证：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
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| 姓名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  居民证：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | 姓名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  居民证：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | 姓名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  居民证：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
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| 姓名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  居民证：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | 姓名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  居民证：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | 姓名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  居民证：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
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| 道具控制员 |  |  |  |  | | | 侯补狮头 |  |  |  |  | | 侯补狮尾 | |  |  |  |  |
| 姓名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  居民证：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | 姓名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  居民证：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | 姓名：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  居民证：**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |

团体盖章：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

南狮传统公开套路申报表

团体名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 分区赛/决赛日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 青之名堂：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. 道具配备：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. 故事内容：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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4. 特别注明: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. 各步骤从开始、主题、结束的演出套路与动作必须详细说明：

a. 开始： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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b. 主题： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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c. 结束： \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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团体盖章：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

南狮传统公开套路绘图申报表

绘图说明：（1）长度：\_\_\_\_\_\_\_\_\_\_\_\_\_ （2）高度：\_\_\_\_\_\_\_\_\_\_\_\_\_（3）宽度：\_\_\_\_\_\_\_\_\_\_\_\_\_

团体盖章：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

南狮自选高桩套路动作申报表

团体名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 项目名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(分区赛 / 半决赛 / 大决赛) 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 桩阵组合与编号 | 总图 | | | | | |  | 组合  动作 | 编号 | 套路动作 | 等级 |
|  |  |  |  |  |  |  |  |  | 以狮头跳跃为主 |  |
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| 最高度 |  | | | | | |  |  |  |
| 总长度 |  | | | | | |

C级难度动作 \_\_\_\_\_\_\_\_\_\_\_ 个

团体教练姓名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 签名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 套路裁判员：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

团体盖章：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



新加坡武术龙狮总会

**SINGAPORE WUSHU DRAGON & LION DANCE FEDERATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL HEALTH DECLARATION**

个人健康状况呈报表格

（南狮传统/南狮高桩/北狮自选）

团体名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PART I: PERSONAL PARTICULARS**个人资料 | | | | |
| NAME中英姓名： | | | | RACE种族： |
| ADDRESS地址： | | | | POSTAL邮区： |
| DOB出生日期： | | | NRIC No.居民证号码： | |
| CONTACT  联络号码： | HOME  住家： | OFFICE  办公： | | MOBILE  手提： |
| OCCUPATION职业（If student, please specify education level 如是学生请写明教育程度）： | | | | |

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| **PART II: MEDICAL HISTORY** 医药履历 | |
| DRUG ALLERGIES ：**YES / NO**  If **YES**, Please specify drug name and reaction: | |
| SPECTACLES : **YES / NO** | CONTACT LENS : **YES / NO** |

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| **DO YOU HAVE ANY OF THE FOLLOWING ILLNESS?** | |
| Asthma : **YES** / **NO** | Heart Disease : **YES** / **NO** |
| Epilepsy of Fits : **YES** / **NO** | Heart Murmur : **YES** / **NO** |
| Other Illness : **YES** / **NO** (If **YES**, please specify) : | |

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| ARE YOU ON ANY REGULAR MEDICATION? ：**YES / NO**  If **YES**, Please write down the names of these medication: |
| ARE YOU ON REGULAR FOLLOW-UP BY DOCTOR? ：**YES / NO**  If **YES**, Please indicate the reasons: |
| HAVE YOU HAD A FRACTURE OR DISLOCATED JOINT BEFORE? ：**YES / NO**  If **YES**, Please give details: |
| HAVE YOU BEEN HOSPITALIZED BEFORE? ：**YES / NO**  If **YES**, Please give details: |

**DECLARATION**

I declare that I have answered the above questions to the best of my knowledge and have not intentionally withheld any information. If in the course of my membership in the federation, I develop any medical problems or illness, I will inform the Medical Committee or my instructor accordingly.

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| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NRIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

团体盖章：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





新加坡武术龙狮总会

**SINGAPORE WUSHU DRAGON & LION DANCE FEDERATION**

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**PERSONAL HEALTH DECLARATION**

个人健康状况呈报表格

（南狮传统/南狮高桩/北狮自选）

团体名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PART I: PERSONAL PARTICULARS**个人资料 | | | | |
| NAME中英姓名： | | | | RACE种族： |
| ADDRESS地址： | | | | POSTAL邮区： |
| DOB出生日期： | | | NRIC No.居民证号码： | |
| CONTACT  联络号码： | HOME  住家： | OFFICE  办公： | | MOBILE  手提： |
| OCCUPATION职业（If student, please specify education level 如是学生请写明教育程度）： | | | | |

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| **PART II: MEDICAL HISTORY** 医药履历 | |
| DRUG ALLERGIES ：**YES / NO**  If **YES**, Please specify drug name and reaction: | |
| SPECTACLES : **YES / NO** | CONTACT LENS : **YES / NO** |

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| **DO YOU HAVE ANY OF THE FOLLOWING ILLNESS?** | |
| Asthma : **YES** / **NO** | Heart Disease : **YES** / **NO** |
| Epilepsy of Fits : **YES** / **NO** | Heart Murmur : **YES** / **NO** |
| Other Illness : **YES** / **NO** (If **YES**, please specify) : | |

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| ARE YOU ON ANY REGULAR MEDICATION? ：**YES / NO**  If **YES**, Please write down the names of these medication: |
| ARE YOU ON REGULAR FOLLOW-UP BY DOCTOR? ：**YES / NO**  If **YES**, Please indicate the reasons: |
| HAVE YOU HAD A FRACTURE OR DISLOCATED JOINT BEFORE? ：**YES / NO**  If **YES**, Please give details: |
| HAVE YOU BEEN HOSPITALIZED BEFORE? ：**YES / NO**  If **YES**, Please give details: |

**DECLARATION**

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| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NRIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

团体盖章：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



新加坡武术龙狮总会

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**PERSONAL HEALTH DECLARATION**

个人健康状况呈报表格

（南狮传统/南狮高桩/北狮自选）

团体名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PART I: PERSONAL PARTICULARS**个人资料 | | | | |
| NAME中英姓名： | | | | RACE种族： |
| ADDRESS地址： | | | | POSTAL邮区： |
| DOB出生日期： | | | NRIC No.居民证号码： | |
| CONTACT  联络号码： | HOME  住家： | OFFICE  办公： | | MOBILE  手提： |
| OCCUPATION职业（If student, please specify education level 如是学生请写明教育程度）： | | | | |

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| **PART II: MEDICAL HISTORY** 医药履历 | |
| DRUG ALLERGIES ：**YES / NO**  If **YES**, Please specify drug name and reaction: | |
| SPECTACLES : **YES / NO** | CONTACT LENS : **YES / NO** |

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| --- | --- |
| **DO YOU HAVE ANY OF THE FOLLOWING ILLNESS?** | |
| Asthma : **YES** / **NO** | Heart Disease : **YES** / **NO** |
| Epilepsy of Fits : **YES** / **NO** | Heart Murmur : **YES** / **NO** |
| Other Illness : **YES** / **NO** (If **YES**, please specify) : | |

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| ARE YOU ON ANY REGULAR MEDICATION? ：**YES / NO**  If **YES**, Please write down the names of these medication: |
| ARE YOU ON REGULAR FOLLOW-UP BY DOCTOR? ：**YES / NO**  If **YES**, Please indicate the reasons: |
| HAVE YOU HAD A FRACTURE OR DISLOCATED JOINT BEFORE? ：**YES / NO**  If **YES**, Please give details: |
| HAVE YOU BEEN HOSPITALIZED BEFORE? ：**YES / NO**  If **YES**, Please give details: |

**DECLARATION**

I declare that I have answered the above questions to the best of my knowledge and have not intentionally withheld any information. If in the course of my membership in the federation, I develop any medical problems or illness, I will inform the Medical Committee or my instructor accordingly.

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| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NRIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

团体盖章：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



新加坡武术龙狮总会

**SINGAPORE WUSHU DRAGON & LION DANCE FEDERATION**

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**PERSONAL HEALTH DECLARATION**

个人健康状况呈报表格

（南狮传统/南狮高桩/北狮自选）

团体名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PART I: PERSONAL PARTICULARS**个人资料 | | | | |
| NAME中英姓名： | | | | RACE种族： |
| ADDRESS地址： | | | | POSTAL邮区： |
| DOB出生日期： | | | NRIC No.居民证号码： | |
| CONTACT  联络号码： | HOME  住家： | OFFICE  办公： | | MOBILE  手提： |
| OCCUPATION职业（If student, please specify education level 如是学生请写明教育程度）： | | | | |

|  |  |
| --- | --- |
| **PART II: MEDICAL HISTORY** 医药履历 | |
| DRUG ALLERGIES ：**YES / NO**  If **YES**, Please specify drug name and reaction: | |
| SPECTACLES : **YES / NO** | CONTACT LENS : **YES / NO** |

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| --- | --- |
| **DO YOU HAVE ANY OF THE FOLLOWING ILLNESS?** | |
| Asthma : **YES** / **NO** | Heart Disease : **YES** / **NO** |
| Epilepsy of Fits : **YES** / **NO** | Heart Murmur : **YES** / **NO** |
| Other Illness : **YES** / **NO** (If **YES**, please specify) : | |

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| ARE YOU ON ANY REGULAR MEDICATION? ：**YES / NO**  If **YES**, Please write down the names of these medication: |
| ARE YOU ON REGULAR FOLLOW-UP BY DOCTOR? ：**YES / NO**  If **YES**, Please indicate the reasons: |
| HAVE YOU HAD A FRACTURE OR DISLOCATED JOINT BEFORE? ：**YES / NO**  If **YES**, Please give details: |
| HAVE YOU BEEN HOSPITALIZED BEFORE? ：**YES / NO**  If **YES**, Please give details: |

**DECLARATION**

I declare that I have answered the above questions to the best of my knowledge and have not intentionally withheld any information. If in the course of my membership in the federation, I develop any medical problems or illness, I will inform the Medical Committee or my instructor accordingly.

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| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NRIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

团体盖章：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2023年第二十七届義安城全国舞狮锦标赛

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敬启者：

1. 新加坡武术龙狮总会议决，所有参赛团体之负责人及所有运动员（包括狮头、狮尾）必须证实了解所有有关竞赛章程规则，依据章程34条：比赛期间，参加南狮自选高桩的队伍应为参赛队员购买保险，并自行预防任何损伤或意外发生。如队伍面对购买保险的问题，可向本总会请示介绍相关的保险公司。因比赛而造成的伤残或疾病，所需医疗费用全部自理。（比赛前必须出示保险单证明；否则不能参赛，当弃权论。）年龄未超过18岁之运动员，必须有家长作为监护人（狮头、狮尾、少侠）。

2023年第二十七届義安城全国舞狮锦标赛

秘书长兼工委会主席刘汉隆启

2023年5月30日

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

责任声明书

为表示对武总所主办之2023年第二十七届義安城全国舞狮锦标赛所有章程、规则的了解并愿遵守，特此签名证实。

团体名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | | 姓名 | 居民证号码 | 签名 |
| 负责人 | 领队/教练 |  |  |  |
| 狮头 | 运动员 |  |  |  |
| 监护人 |  |  |  |
| 狮尾 | 运动员 |  |  |  |
| 监护人 |  |  |  |

团体盖章：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_