

2024 年第二十八届義安城全国舞狮锦标赛 报名表格

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

南狮传统公开项目

公开项目

女子公开项目

儿童项目

少年项目

南狮自选高桩项目

南狮自选高桩项目

北狮自选项目

北狮自选项目

姓名: _____

姓名: _____

姓名: _____

居民证: _____

居民证: _____

居民证: _____

姓名: _____

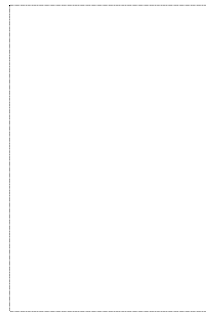
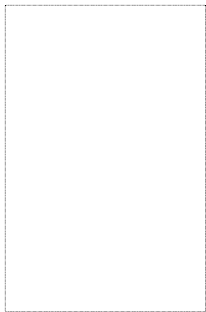
姓名: _____

姓名: _____

居民证: _____

居民证: _____

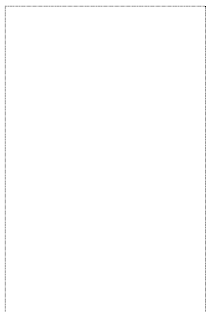
居民证: _____



姓名: _____ 姓名: _____ 姓名: _____

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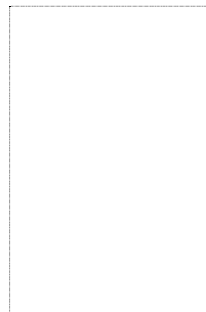
道具
控制
员



侯
补
狮
头



侯
补
狮
尾



姓名: _____ 姓名: _____ 姓名: _____

居民证: _____ 居民证: _____ 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：_____

3. 故事内容：_____

4. 特别注明：_____

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: _____

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	
				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: _____

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

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) :	

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.

Full Name: _____ Signature: _____

NRIC No.: _____ Date: _____

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Full Name: _____ Signature: _____

NRIC No.: _____ Date: _____

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2024 年第二十八届義安城全国舞狮锦标赛

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）。

2024 年第二十八届義安城全国舞狮锦标赛

工委会主席洪志平

2024 年5月28日

责任声明书

为表示对武总所主办之 2024 年第二十八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：_____

		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：_____