



Membership Registration No:

Kids INclusive Sports Club

An initiative by the J.P. Morgan Chase Foundation and the Singapore Disability Sports Council

A world where kids are IN(cluded) not Excluded.

Please return the completed form, together with a cheque payment of S\$5 per year for junior member. Please make payment to the **Singapore Disability Sports Council**:

Address: Kids Inclusive Sports Club
c/o Singapore Disability Sports Council
230 Stadium Boulevard, Singapore 397799

Affix a recent passport size photograph here

MEMBERSHIP REGISTRATION FORM (Junior Member)

Section 1 Member Information	
Name:	Gender:
NRIC/Birth Cert No	Date of Birth (DD/MM/YYYY):
Address:	Postal code:
Email:	
Contact (HP):	Contact (HM):
Allergies (if any):	
Medical History (E.g. asthma, epilepsy, high blood pressure)	
Nature of Disability (if any):	
<input type="checkbox"/> Visually Impairment <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Physically Disabled <input type="checkbox"/> Amputee <input type="checkbox"/> Others. Please Specify: _____	
Disability Need (if any):	
<input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Electronic wheelchair <input type="checkbox"/> Walking stick <input type="checkbox"/> Hearing aids <input type="checkbox"/> Others, please specify: _____	

Section 2 Parent / Guardian's information	
Name:	Relationship to member:
NRIC:	Postal code:
Address:	
Email:	
Contact (HP):	Contact (HM):

Section 3 Sports I am interested in (you may tick multiple):							
<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Football	<input type="checkbox"/>	Badminton	<input type="checkbox"/>	Equestrian
<input type="checkbox"/>	Basketball	<input type="checkbox"/>	Athletics	<input type="checkbox"/>	Archery	<input type="checkbox"/>	Boccia
<input type="checkbox"/>	Bowling	<input type="checkbox"/>	Cycling/Hand Cycling	<input type="checkbox"/>	Any Others _____		

Section 4 Permissions and Waivers:
<p>Permission to participant / Medical Treatment: I hereby give permission for the participant (section 1) mentioned above to participate in the programs/events/activities conducted by Kids INclusive Sports Club, and emergency medical treatment to be administered to participant mentioned above by qualified medical personnel when necessary. Kids INclusive Sports Club is not responsible for any injury or accident that may occur either during the course of any program/event/activity. I hereby waive, release, absolve, indemnify, and agree to hold harmless Kids INclusive Sports Club, its employees, volunteers, participants, sponsors and persons from any and all claims arising out of injury to the participant mentioned above resulting from their participation in Kids Inclusive Sports Club programs/events/activities. I also certify that all statements I have made are true and declare the participant fit to participate.</p> <p>Parent / Guardian Signature: _____</p> <p>Date: _____</p>

FOR OFFICIAL USE			
Official Check	Accepted/ Rejected	Remark (if any)	
Registration Form	Complete	Incomplete	Date Received:
Payment	Cash	Cheque (No:	Date Received:
Membership Registration Type:			
Checked and Signed by Finance Department:			
Membership joined Date:		Membership Expiry Date:	

For more information, please contact us at 6342 3505 or email us at admin@kidsinsports.org