



Aikido Singapore

aikido-singapore.org

Aikido Course Application

Venue: Tanglin Community Club
Cairnhill Community Club

Leader: Simon Lee Fun
(PA approved trainer)
Mobile number: 9112 3888

Other: _____

Student's Particulars

Name (as in NRIC/ FIN): _____

Gender: _____ Mobile number: _____

Address: _____

Date of birth: _____ Email address: _____

Indemnity

Participating in this Aikido Course (the "Programme") carries inherent risks that may include but is not limited to physical injuries, bruises, strains, aches, falls, contact risks, health and hygiene risks, and heat risks for the above named student (the "Student"). Participation in the Programme is voluntary. If necessary, please seek medical advice from a professional medical practitioner before joining the Programme.

By providing the information above and signing this form, I hereby declare that:

- The Student is healthy and has no physical, mental or medical conditions that would make participation in the Programme unsafe for him/her or other students.
- The Student will cooperate fully with our Programme leader/instructor(s) and assistant instructor(s) of Aikido Singapore (hereinafter 'Programme Staff') and abide by all instructions, safety regulation.
- The Student will inform our Programme Staff if he/she feels unwell during class or do not wish to continue the Programme.
- I shall not hold the Programme Staff liable for any physical, mental, and/or property loss or damage directly or indirectly arising from the Student's participation in the Programme.
- I shall indemnify the Programme Staff against claims by any party whom the Student had caused injury and/or damage or loss of property.

Parent/Guardian's Particulars

only required if Student is below 16 years old

Name (as in NRIC/ FIN): _____

Gender: _____ Mobile number: _____

Address: _____

Date of birth: _____ Email address: _____

By providing the information above and signing this form, I hereby agree that I am the legal parent/guardian of the Student and provide my consent for:

- the Student to participate in the Programme
- being contacted by the Programme Staff when necessary

Next-of-kin's Particulars

Name: _____

Mobile number: _____

Relationship: _____

- For the purpose of contacting the Student's next-of-kin in case of an emergency
- Only required if the Student is 16 years old and above

PDPA Consent

By signing this form, I agree that the Programme Staff may collect, use and disclose my personal data, as provided in this application form, or (if applicable) obtained by Aikido Singapore as a result of my being a student of Aikido Singapore, for the following purposes in accordance with the Personal Data Protection Act 2012:

- (a) the processing of this course application; and
- (b) the administration of my Student records with Aikido Singapore.

Please tick the relevant boxes below:

☐ I allow the Student's photographs, videos and name to appear in Aikido Singapore's communications platforms and publicity materials.

☐ I do not allow the Student's photographs, videos and name to appear in Aikido Singapore's communications platforms and publicity materials.

Name: _____

Date: _____

Signature: _____

Please complete this form and submit it to Administration Officer-In-Charge Mr Kevin Hoo (Mobile Number 8901 8331)