



Business Registration No.: 53046460L
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 Email : enquiry@aquafins.com.sg

REGISTRATION & INDEMNITY FORM

<input type="checkbox"/> Fins Package	<input type="checkbox"/> Fins Ability Package	Membership No:
<input type="checkbox"/> Fins D.I.Y Package	<input type="checkbox"/> Start it Right Package	

<u>Personal Particulars</u>	
Name : _____ NRIC: _____ Date of Birth: _____ Address: Blk _____ Unit No _____ Street: _____ Postal Code _____ Contact: _____ (H) _____ (HP) Email: _____ Diagnosis: _____ <i>(This information is only applicable to Persons with A Disability)</i>	 PHOTO Gender  M  F

<u>Medical Information</u> (This information can save your life)		
<i>Medical condition</i>		<i>Further information or instructions</i>
ALLERGY (particularly Bee-sting allergy)	Yes / No	
ATLANTOAXIAL INSTABILITY (For Down Syndrome Only)	Yes / No	
BREATHING DISORDER (particularly Asthma)	Yes / No	
EAR DISORDER (particularly drainage tubes or deafness)	Yes / No	
EPILEPSY (whether mild or severe)	Yes / No	
FAINTING/DIZZY SPELLS (or sudden loss of consciousness)	Yes / No	
OTHER RELEVANT INFORMATION (E.g. Special Diet)	Yes / No	

EMERGENCY CONTACT

Person(s) to be Contacted in An Emergency:

Name of Person to be contacted

Contact no (1): _____

Contact no (2): _____

Personal Indemnity & Consent

(For participants under 18 years old)

I, _____ the undersigned hereby agree to, allow my ***daughter/son/ward** _____ NRIC No: _____, to participate in the Aquatic Programme / Assessment conducted by AquaFins.

(For participants 18 years and above)

I, _____, NRIC No: _____ the undersigned hereby agree to participate in the Aquatic Programme / Assessment conducted by AquaFins.

Teachers and Instructors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group or individually in the Aquatic Programme / Assessment conducted by AquaFins.

I therefore will not take any legal actions and/or claims against AquaFins, her instructors, staff and all persons and/or agencies connected with her training from all claims and damages (personal injuries, mishap, lost or death) arising from ***my / his / her** participation before, during and after the commencement of the Programme / Assessment.

I also declare that *** I am / he is /she** is fit to participate in the Programme / Assessment.

Photo & Video Consent

I hereby ***allow / do not allow** AQUAFINS to use my child's photos/videos taken during the lesson or assessment for public education & other publications.

Personal Data Protection Act (PDPA)

I hereby consent and to receive updates and notices from AquaFins through (* Email/Phone Call/Text Messages/Snail Mail) only. The data collection is only use for sending AquaFins upcoming events/workshops.

Signature of ***Participant / Parent / Guardian**

NRIC no.

Full Name (In Block Letters)

Date