

Registration and Waiver Form

Participant's Personal Particulars			
Full Name as in NRIC			NRIC/FIN/ID No.
Nationality Singaporean / Singapore PR / Others (Please State)	Age	Date of Birth	M/F
Home Address: Postal Code:			
Participant's Emergency Contact Info			
Full Name as in NRIC		Contact Number	Relationship
Participant's Health Declaration			
Conditions	Yes/No (Y/N)	If Yes, please give further information or Doctor's recommendation/clearance to proceed with the programme (COMPULSORY)	
Is your child in good health and has no physical condition that would endanger his/her life by participation in the programme?			
Asthma, or other lung conditions which may require a medical Doctor's recommendation to do physical activity?			
A carrier status for any infectious disease? E.g. Hepatitis, Tuberculosis, or HIV			
Any allergies?			
Any dietary Restrictions?			
Is your child experiencing any cough, sore throat or fever?			
Has your child travelled overseas in the past 14 days?			
Has your child had close contact with a Covid-19 positive patient in the past 14 days?			
<input type="checkbox"/> I (on behalf of my child/ward) declare and confirm that all the above information provided is true, correct and there is no undisclosed detail(s).			

Indemnity and Acknowledgement of Risk and Liability
(To be completed by parent/guardian if participant is under 18 years old)

I agree/allow my child/ward to participate in the programme and use the facilities. I am fully aware and fully accept that my (or my child/ward's) participation in the programme and usage of the facilities involves a certain amount of risk. I understand that I (or my child/ward) will have to cooperate fully with the staff and diligently comply with the staff's instructions and all safety measures in place. If I (or my child/ward) have any safety concerns whatsoever, I (or my child/ward) will inform the staff to have such concerns addressed.

I agree that, to the fullest extent permitted by the laws of Singapore, I will not hold Boys' Town responsible or take any action against Boys' Town for any loss, damage or injury, including death, that may be sustained by me (or my child/ward), save for personal injury or death resulting from gross and sole negligence of Boys' Town, or to any property belonging to me (or my child/ward) while participating in the programme, utilizing the facilities or while on the premises where the programme is being conducted, while in transit to or from the premises, or in any place or places connected with the premises.

In consideration of Boys' Town allowing me (or my child/ward) to participate in the programme, I agree that if during my (or my child/ward's) participation I (or my child/ward) deliberately or negligently cause any injury, death, accident, mishap and damage to any person or his or her property, I will indemnify Boys' Town in respect of all damages, costs and expenses it may incur if that person makes claim or takes action against Boys' Town in respect of the same.

I agree to allow Boys' Town to collect my (or my child/ward's) personal information, photos and videos. I consent to allowing Boys' Town to collect, use, disclose and/or process my (or my child/ward's) data as well as disclosing my (or my child/ward's) data to third party service providers or agents (whether within or outside Singapore) for fiduciary and statutory purposes. If I (or my child/ward) have given data to Boys' Town before 2nd July 2014, my consent is deemed as given and Boys' Town will continue to use this data for the same purposes.

Notification Obligation of Use of Personal data, Photographs, Videos, Audio Recordings under Personal Data Protection Act (PDPA)

I agree to allow Boys' Town to collect, use and disclose my (or my child/ward's) personal data, photographs, videos, audio recordings taken during the program/activity as specified in this form, for purposes relating to marketing and publicity activities, database management and communications, in accordance with the Personal Data Protection Act 2012 and our data protection policy.

I have been given enough time and opportunity to read and understand this entire document.

Full Name of Participant/Parent/Guardian	NRIC
Signature	Date