



**TIONG BAHRU COMMUNITY CENTRE
CHILDREN STORYTELLING
COMPETITION 2009**



REGISTRATION FORM

Name of Participant: _____ Sex: M / F

Name of School: _____

- Pre School /Kindergarten - Lower Primary: Primary 1 to Primary 2
 - Middle Primary: Primary 3 to Primary 4 - Upper Primary: Primary 5 to Primary 6

Address: _____

_____ S() B/ C No: _____

Tel no: _____ (R) _____ (P/Hp)

Email: _____

Date of Birth: _____ Age: _____

In case of emergency, please contact _____

at _____ (contact no must be valid). Relationship: _____

I shall not hold the organizer(s) or the People's Association responsible for any loss of life or injury sustained arising from the activity.

Signature

Date

INDEMNITY CLAUSE

(To be filled in should the registrant be less than 16 years old)

I, _____ (Name) _____ (NRIC), the parent / guardian of _____ hereby declare that permission is given to my child / ward to participate in the activity and that I shall not hold the organizer (s) or the People's Association responsible for any loss of life or injuries which may be sustained by my child / ward arising from the activity.

Signature of Parent / Guardian

Date