



**PEOPLE'S ASSOCIATION
WATER VENTURE
COURSE / ACTIVITY APPLICATION**

This form may take you 5 minutes to fill in. You will need the following information to fill in the form:
 ■ NRIC number; and valid student or membership card respectively if you are applying under those categories.

COURSE / ACTIVITY DETAILS

COURSE / ACTIVITY DATE: _____ Non Member Passion Member Water-Venture Member

KAYAKING	SAILING	OTHERS
<input type="checkbox"/> Orientation Programme	<input type="checkbox"/> Basic Laser	<input type="checkbox"/> Windsurfing Orientation/Clinic
<input type="checkbox"/> Overnight Orientation Programme	<input type="checkbox"/> Basic Pico	<input type="checkbox"/> Windsurfing Level 1 Proficiency Course
<input type="checkbox"/> 1 Star Personal Skills Award	<input type="checkbox"/> Profi 1 Assessment	<input type="checkbox"/> Windsurfing Level 2 Proficiency Course
<input type="checkbox"/> 2 Star Personal Skills Award	<input type="checkbox"/> Profi 2 Assessment	<input type="checkbox"/> Powered Pleasure Craft Driving Course / Refresher
<input type="checkbox"/> 3 Star Training Course	<input type="checkbox"/> Racing Clinic	<input type="checkbox"/> Dragon Boat Orientation Programme
<input type="checkbox"/> 3 Star Assessment	<input type="checkbox"/> Others: _____	<input type="checkbox"/> Others: _____

PERSONAL PARTICULARS (to be completed fully in CAPITAL LETTERS)

*NRIC / FIN/Passport <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Race <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others (please specify) _____
Full Name * Dr / Mr / Mrs / Mdm / Miss _____	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (dd/mm/yyyy) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	E-Mail Address _____
Home Address _____ _____ Postal Code: _____	Emergency Contact Name of Contact Person _____ Relationship _____ Phone No. 1 _____ Phone No. 2 _____
Telephone Numbers Home _____ Office _____ Handphone _____	

DECLARATION

I agree to abide by the rules and regulations stated overleaf and hold myself solely responsible for any mishap or injury that may occur during, or as a result of, my participation in the stated course or activity organised by, including rental of equipment from the outlet, and certify that I do not have a pre-existing medication condition as declared overleaf.

I hereby declare that all information provided is true and correct; and agree to abide and be bound by the Terms and Conditions of the Community Club Management Committees, other People's Association Organizations; and authorize the People's Association to disclose my personal information to its employees, service providers, vendors and affiliated partners.

Signature of Applicant

Date

Consent of Parent/Guardian for Applicants below 21 years old

I, *Dr/Mr/Mrs/Mdm/Miss _____ NRIC No. _____ allow my *child/ward to participate in the Club course and activity, and rent equipment under the conditions as mentioned above.

Signature of Parent/Guardian

Date

*Delete as necessary

COURSE AND ACTIVITY IMPORTANT RULES AND REGULATIONS

- 1) Participants must be able to swim at least 50 metres with the aid of permissible buoyancy aid, and must be at least 12 years of age as of 1st January. **Participants must put on the Personal Floatation Device (PFD) at all times during the water sport courses & activities**
- 2) All application forms and payments must be submitted preferably at least 7 days before the commencement of course/activity.
- 3) Water-Venture must be informed of your intention to reschedule your application at least 7 days before the commencement of course/activity.
- 4) Participants are allowed to reschedule their course/activity date **only once**, when Water-Venture is informed at least 7 days before the commencement of the course/activity. Rescheduling can only be made to the next available course/activity date at the outlet registered.
- 5) Missing **any session** of a course will be treated as **ABSENT and FAILED** and there will be no refund. Participants who receive a Deferred Pass will be allowed to return for further assessment **within 3 months of the commencement of the course date**.
- 6) There will be **no refund** for withdrawal from a course/activity.
- 7) Course/Activity fees must be paid in full at the time of registration.
- 8) Full payment for any course/activity must be paid either in cash, cheque or NETS, preferably 7 days before the commencement of the course/activity. Cheques are to be made payable to **"PA Water-Venture."**
- 9) Participants are required to wash all equipment issued to them during the course/activity with fresh water before returning to its proper storage.
- 10) Participants are requested to wear some form of footwear (booties) before entering the waters. Failing to comply with the requested requirement would render the participant concerned a "No Entry" into the waters, and **no refund** will be issued for non-compliance.
- 11) Water-Venture will not be held responsible or liable for any mishap or injury that may occur during the course/activity.
- 12) Participants must complete the Medical Declaration, and a Certification of Fitness is required from a Medical Examiner if a "Yes" is indicated.
- 13) A 7-day notice prior to the commencement of course/activity is required should any replacement be made.
- 14) Water-Venture reserves the right to cancel, postpone, or change the venue of a course/activity without assigning reasons.

Medical Declaration (to be completed by Applicant or Medical Examiner if "Yes" is indicated)

1 HAVE YOU EVER HAD	YES	NO	If "Yes," please give details
(a) Chest pain, high blood pressure, heart problems such as heart murmur, extra heart beat or other heart abnormality			
(b) Asthma, bronchitis, tuberculosis, sinusitis, other lung problems			
(c) Fits, epilepsy, fainting attacks, migraine, severe head injury			
(d) Severe eye problems/poor vision			
(e) Ear problems/deafness			
(f) Nervous illness			
(g) Diabetes			
(h) Bone or joint injury			
(i) A carrier status for any infectious disease			
(j) Medical treatment within last two years			
(k) Are you pregnant?			
2 DO YOU REQUIRE	YES	NO	If "Yes," please give details
(a) Routine medication			
(b) Special diet			
3 DO YOU HAVE	YES	NO	If "Yes," please give details
(a) Any disability			
(b) Any other medical information to note, e.g. food, drug allergy			

CERTIFICATION OF FITNESS

(to be completed by Medical Examiner if "Yes" indicated for any condition above)

I examined _____ on _____ and found her/him FIT/UNFIT to participate in the programme (course, activity or rental of equipment).

(name) (date)

Remarks, if any _____

Name of Medical Examiner

Signature and Date

Clinic Stamp