**RONALD SUSILO BADMINTON ACADEMY**

**REGISTRATION FORM**

***Please choose your programme:***

1. ***Group Training***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Programme**  | **1 x per week****(4 sessions per month)** | **2 x per week****(8 sessions per month)** | **3 x per week****(12 sessions per month)** |  |
| Basic / Intermediate ( U 12) | * $230
 | * $400
 | * $510
 |  |
| Intermediate (13 YO and above) | * $280
 | * $500
 | * $660
 |  |

1. ***Private Training***

|  |  |  |
| --- | --- | --- |
| **Programme** | **Per session**  | **Monthly[[1]](#endnote-1)** |
| One to One | * $180
 | * $680
 |
| 1 x One to One + 1 x Group | * $230
 | * $760
 |
| 1 x One to One + 2 x Group | * $280
 | * $920
 |

1. ***Group Trial session @ $50.***

***Please choose your preferred Day/Time:***

|  |  |  |
| --- | --- | --- |
| * **Monday, 7pm – 9pm**
 | * **Friday, 7pm – 9pm**
 | * **Sunday, 9am – 11am**
 |
| * **Tuesday, 7pm – 9pm**
 | * **Saturday, 1pm – 3pm**
 | * **Sunday, 11am – 1pm**
 |
| * **Wednesday, 7pm – 9pm**
 | * **Saturday, 3pm – 5pm**
 | * **Sunday, 1pm – 3pm**
 |
| * **Thursday, 7pm – 9pm**
 | * **Saturday, 5pm – 7pm**
 |  |
|  |
| PARTICULARS OF APPLICANT |
| Name: |  | NRIC/BC No: |
| Age: | Sex: | Date of Birth: |
| Address: |
| Home No: | Mobile No: | Email Address: |
| School/Club: |
| Give some information about your playing history or attach details: |
| PARENT’S/ GUARDIAN’S PARTICULARS  |
| Name: |  | Relationship: FATHER / MOTHER / GUARDIAN |
| Office No: | Mobile No: | Email Address: |

## DECLARATION & INDEMNITY CLAUSE

|  |
| --- |
| I, (Parent’s/Guardian’s name)\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, NRIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and understood the terms and conditions for the programme, I hereby agree to (our above mentioned child/children/wards’ participation)\* / participate\* in the programme. While reasonable precautions will be taken, I will not hold Ronald Susilo Sports Enterprise liable for any death, disability, permanent injury, loss of property or any loss however arising from any cause whatsoever at anytime during our/their\* participation in all activities related to the above programme. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent/Guardian \* Date:  |

1. Monthly Rates are based on 4 weeks training. Additional fees apply if there are 5 weeks in a month. [↑](#endnote-ref-1)