

**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 ( U12)	<input type="checkbox"/> \$240	<input type="checkbox"/> \$400	<input type="checkbox"/> \$520
Intermediate (13 and above)	<input type="checkbox"/> \$280	<input type="checkbox"/> \$500	<input type="checkbox"/> \$680

**2. Private Training**

Programme	Per session	Monthly <sup>i</sup>
One to One	<input type="checkbox"/> \$180	<input type="checkbox"/> \$680
1 x One to One + 1 x Group	<input type="checkbox"/> \$240	<input type="checkbox"/> \$800
1 x Private + 2 x Group	<input type="checkbox"/> \$280	<input type="checkbox"/> \$980

**3. Group Trial session @ \$50.**

*Please choose your preferred Day/Time:*

<input type="checkbox"/> Monday, 7pm – 9pm	<input type="checkbox"/> Friday, 7pm – 9pm	<input type="checkbox"/> Sunday, 9am – 11am
<input type="checkbox"/> Tuesday, 7pm – 9pm	<input type="checkbox"/> Saturday, 1pm – 3pm	<input type="checkbox"/> Sunday, 11am – 1pm
<input type="checkbox"/> Wednesday, 7pm – 9pm	<input type="checkbox"/> Saturday, 3pm – 5pm	<input type="checkbox"/> Sunday, 1pm – 3pm
<input type="checkbox"/> Thursday, 7pm – 9pm	<input type="checkbox"/> 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**

<p>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.</p> <p>_____ Signature of Parent/Guardian *</p> <p>_____ Date:</p>
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<sup>i</sup> Monthly Rates are based on 4 weeks training. Additional fees apply if there are 5 weeks in a month.