

**RONALD SUSILO SPORTS ENTERPRISE
REGISTRATION FORM**

Please choose your suitable programme

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	<input type="checkbox"/> \$230	<input type="checkbox"/> \$400	<input type="checkbox"/> \$510
Intermediate	<input type="checkbox"/> \$280	<input type="checkbox"/> \$500	<input type="checkbox"/> \$660

Please choose your preferred Days/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, 2pm – 4pm
<input type="checkbox"/> Thursday, 7pm – 9pm	<input type="checkbox"/> Saturday, 5pm – 7pm	<input type="checkbox"/> Sunday, 4pm – 6pm

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: