

**RONALD SUSILO SPORTS ENTERPRISE
REGISTRATION FORM**

Please tick desired programme

Programme	1 session per week (4 sessions)	2 sessions per week (8 sessions)	3 sessions per week (12 sessions)	4 sessions per week (16 sessions)
Basic	<input type="checkbox"/> \$200	<input type="checkbox"/> \$350	<input type="checkbox"/> \$450	
Intermediate	<input type="checkbox"/> \$250	<input type="checkbox"/> \$450	<input type="checkbox"/> \$600	
Advance	<input type="checkbox"/> \$350	<input type="checkbox"/> \$650	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950

Please tick 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 No :	
Age:	Sex:	Date of Birth:	
Address:			
Home No:	Hp 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:	Hp 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 style="text-align: right;">Date: _____</p>
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