



TEAM TRIATHLON REGISTRATION FORM

PERSONAL INFORMATION

FULL NAME (AS IN NRIC):		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS:		NRIC/ PASSPORT NUMBER:
CONTACT NUMBER:	EMAIL ADDRESS:	
OCCUPATION:	NATIONALITY:	DATE OF BIRTH:
ALLEGIES:	MEDICAL HISTORY:	
KNOW ABOUT PROGRAM THROUGH: <input type="checkbox"/> SYNERGY WEBSITE <input type="checkbox"/> E-MAIL RECEIVED <input type="checkbox"/> FRIEND'S RECOMMENDATION <input type="checkbox"/> OTHERS (please state) _____		

EMERGENCY CONTACT

CONTACT PERSON:	CONTACT NUMBER:	RELATIONSHIP:
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WAIVER CLAUSE

I certify that all information provided herewith is true and have agreed to my participation in the event and/or training session organized by the organizers of **SYNERGY MULTI-SPORT PTE LTD.** In consideration of my participation, I, for my heirs, executors and administrators, release and forever discharge the Organisers of any liabilities, claims, action, damages, costs or expenses which may arise out of or in any way connected with my participation in this camp, including travel to or from the sessions, and including all injuries that may be suffered by me before, during or after the camp. I understand that this includes any claims based on negligence, action or inaction of any of the above parties. I recognize the difficulties of the camp and attest that I am sufficiently fit and able to swim, bike and run, and I have not been advised otherwise by a qualified medical professional.

Signature of Participant

Date

FOR OFFICIAL USE ONLY:

AMOUNT PAID:	PAYMENT MODE: CASH / CHEQUE (Cheque Bank & No.)	RECEIPT NUMBER / DATE OF PAYMENT:
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Please return this in-person at your first session or Mail us at Jurong Point Post Office, PO Box 262, S916409