



# Singapore Inline Cup 2008

## REGISTRATION FORM (SIC 5<sup>th</sup> stage 29.11.2008)

Full Name	Date of Birth	Passport/NRIC	Category	Mobile phone	E-mail address

**Please disclose any medical conditions or medications here:**

To: SIC organizers:

1. This is to certify that I, \_\_\_\_\_ (Passport No. / NRIC No. \_\_\_\_\_), have read the rules and regulations prior to my participation in the SIC 2008 (the "Race Series"), single race on 29.11.2008 (the "Race").
2. In consideration of your agreeing to admit me as a participant in the Race, I hereby agree not to hold you, your servant or agent or anyone else involved in the organization of the Race for any loss, damage, death or injury suffered by me, howsoever caused, whether arising directly or indirectly or as a result of my participation in the Race.
3. I further agree to indemnify you, your servant or agent or anyone else involved in the organization of the Race, and keep you, your servant or agent or anyone else involved in the organization of the Race indemnified, for any death, injury, loss, damage or liability which you may suffer as a direct or indirect result of my participation in the Race.
4. I hereby certify that I have disclosed all medical conditions and medications to the organisers, I am sufficiently fit physically to compete safely in the Race and that I have not been advised otherwise by a qualified medical professional.
5. I will immediately inform the organisers should I feel unwell
6. I undertake to indemnify the organiser for any equipment provided that I loose or damage.

\_\_\_\_\_  
Applicant's Signature & Date

### FOR PARENTS OF PARTICIPANTS UNDER AGE 18 AT THE TIME OF REGISTRATION

I, the undersigned, hereby allow my \*son /daughter /ward, to participate in the SIC 2008 (the "Race Series"), single race on 29.11.2008 (the "Race").

I, the undersigned, have no objection to the Declaration herein being made by my \*son/daughter/ward and I undertake to accept responsibility for it..

Parent's/ Guardian's Name:	Parent's/ Guardian's Relationship to Participant:
Parent's/ Guardian's Passport/NRIC Number:	Parent's/ Guardian's Contact Phone Number:

\_\_\_\_\_  
Parent/ Guardian's Signature & Date