



TOA PAYOH CENTRAL COMMUNITY CLUB YOUTH GROUP

93, Toa Payoh Central, Singapore 319194

Tel: 62521249 Fax: 62515819

APPLICATION FORM

Name of Activity	Date of Activity
Name of Applicant * Mr/Mdm/Miss	Chinese Characters (if applicable)
Home Address	Tel No. _____ (Home) _____ (Office)
NRIC No. & Ref. *Pink/Blue	Date of Birth
Sex * Male/Female	Nationality
Passport No. & Expire Date -NA-	Race
Name of Next of Kin / Relationship /	Tel No. _____ (Home) _____ (Office)
	Email Address
<p>INDEMNITY (for Applicant who is 21 years old & above)</p> <p>I shall participate in the activity mentioned above on my own accord. I hereby agree that I shall not hold the Organizer or the Toa Payoh Central Community Club Youth Group liable for any injury or death sustained by me in connection with the above events.</p> <p>_____</p> <p>Signature of Applicant _____ Date</p>	
<p>INDEMNITY (for Applicant who is under 21 years old)</p> <p>I, _____ (Name), holding of NRIC No. _____ allow my *child/ward _____ to participate in the activity mentioned above. I hereby agree that I shall not hold the Organizer or the Toa Payoh Central Community Club Youth Group liable for any injury or death sustained by my child/ward in connection with the above events.</p> <p>_____</p> <p>Signature of *Parent/Guardian _____ Date</p>	

* Delete as necessary