

## Singapore Table Tennis Association (STTA)

### 2 Days Training Camp @ STTA Zone Training Centres

#### Introduction :

The aim of this training camp is to promote and raise the level of the table tennis sports, as well as to develop talents from young.

#### Camp Details

Date : 30 Nov and 1 Dec 2015, 9.00am to 4.00pm

Venue : Pasir Ris Sports & Recreation Hall  
120 Pasir Ris Central Singapore 519640

Telephone : 6354 1014

Email : michelle\_zhuo@stta.org.sg

Fees / Training Camp : S\$160.50/pax (Fees inclusive of GST, Lunch will be provided)

Entry Age : Children from 5 to 11 years old

Maximum of 50 registrations for each training camp, player to bring his own racket and dressed up in sports attire.

Kindly note that the Training Camp will only commence with a minimum registration of 15 pax per class.

**No refund of fees** for the training camp will be entertained unless STTA decides to cancel the class due to insufficient participants.

\*\*Registration form(s), together with payment (**cheque only**) to be submitted to STTA office. Please make the cheque payable to 'STTA'. You may however, send it to us via postal mail to: Singapore Table Tennis Association 297C Lorong 6 Toa payoh S(319389)

Registration Deadline : Monday, 16th Nov 2015

#### PERSONAL PARTICULARS

<b>Name of Participant</b>			Affix Photo Here
<b>Address</b>			
	Postal		
<b>Tel No.</b>		<b>Home</b>	<b>Mobile</b>
<b>Email Address</b>			
<b>Date of Birth</b>		<b>Place of Birth</b>	
<b>NRIC / BC</b>		<b>Nationality</b>	
<b>Height</b>		cm	<b>Weight</b>
			kg
<b>Food Allergies ( for lunch preparation):</b>			

#### ACADEMIC HISTORY

<b>School</b>		<b>Level</b>	
<b>Playing Experience ?</b>	Yes / No	If Yes, please fill in	
			<b>Times / per week</b>

**IN CASE OF EMERGENCY, PLEASE CONTACT :**

<b>Name</b>			
<b>Tel No.</b>		<b>home</b>	<b>mobile</b>
<b>Relationship</b>			

**To be completed by Parent/Guardian of Participant.**

<p>I, _____ (Name), _____ (NRIC) declare that I am the parent/guardian* of the applicant and certify that his/her particulars given are true and correct, and give my full consent for his/her participation.</p> <p><b>INDEMNITY</b></p> <p>In this declaration, I hereby agree that I will not hold Singapore Table Tennis Association and Singapore Sports Council, their appointed staff or officials responsible or liable in any way for any mishaps, injuries, loss of life, loss of or damage to any property howsoever arising out of or in the course of or in connection with the above activities; and I shall indemnify the above mentioned organisers and their appointed staff and officials from and against any actions, proceedings, liabilities, claims, damages, cost and expenses which may be brought by or asserted against them by any person in connection with the same.</p>	
_____ Signature of Parent/Guardian	_____ Date

<b>For Official Use:</b>		
<b>Receipt No:</b>	<b>Collected by:</b>	<b>Date:</b>