



SINGAPORE CANOE FEDERATION

COURSE / ACTIVITY APPLICATION FORM

Course Title :			
Participant Name:			
NRIC / FIN / Passport No:			
Address:			
E-mail:			
Contact Number:		(Home)	(Mobile)
Gender (M/F)		Date of Birth:	

General Terms and Conditions for joining Course / Activity:

1. Participants must be able to swim with floatation aid for at least 50 metres.
2. Participants must complete the application form and the medical declaration form before the start of course.
3. Participants must achieve 100% attendance and pass the test components to qualify for the course certification.
4. Participants are to follow water safety guidelines, follow instructor's/coach's instructions and conduct themselves appropriately during the course.
5. Participants are to wash, maintain and return all loaned equipment in good order to SCF after each training session.
6. Participants must make good any loss of equipment or breakage resulting from equipment mishandling.
7. The Singapore Canoe Federation reserves the right to cancel, postpone, or change the venue/timing of a course without assigning reasons.

To participate in the above course/ activity, I / my child/ward* agree to abide by the General Terms and Conditions as stated above.

Signature of Applicant (or Parent / Guardian if Applicant is under 21 years old)

Name of Parent / Guardian **Mr / Ms / Mdm** _____

NRIC / FIN / Passport No: _____ Date : _____



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MEDICAL DECLARATION FORM

Medical History (to be completed by Applicant)

1 HAVE YOU EVER HAD THE FOLLOWING:	YES	NO	If yes, give details
a. Chest pain, high blood pressure, heart problems such as heart murmur, extra heart beat or other heart abnormality, b. Asthma, bronchitis, tuberculosis, sinusitis, other lung problems, c. Fits, epilepsy, fainting attacks, migraine, severe head injury, d. Eye problems/ poor vision, e. Ear problems/ deafness, f. Nervous illness, g. Diabetes, h. Bone or joint injury, i. A carrier status for any infectious disease, j. Medical treatment within last 2 years			
2 DO YOU REQUIRE	YES	NO	If yes, give details
a. Routine check-up/Regular medication, b. Special diet,			
3 DO YOU HAVE	YES	NO	If yes, give details
a. Any disability, b. Any other medical information to note, e.g. food, drug allergy			

I, _____, NRIC/Passport No. _____ declare that my medical history stated above is true to my knowledge and I am not suffering from any major illnesses.

_____ Name of Applicant
 _____ NRIC/FIN/Passport No.
 _____ Signature of Applicant
 (or Parent / Guardian if Applicant is under 21 years old)

For participants who have medical problems/contraindications, please consult a doctor for the Certification of Fitness below:

CERTIFICATION OF FITNESS

(To be completed by Medical Examiner if "Yes" indicated for any condition above)

I examined the above named on _____ (date) and found him/her FIT/UNFIT to participate in the programme (course, activity).

Remarks, if any _____

_____ Name of Medical Examiner
 _____ Signature
 _____ Clinic Stamp