

GOLF ACADEMY
SINGAPORE SPORTS SCHOOL

APPLICATION FORM

- ◆ Entries must be submitted to:

**General Manager
Golf Academy
Singapore Sports School
1 Champions Way
Singapore 737913**

**Affix passport size
photo**

Closing Date: 12pm, 21 May 2010

Tel: (65) 6766 0100

Fax: (65) 6766 2100

Applicant Particulars

Name : _____ Citizenship : SGP Citizen / SGP PR

Date of Birth : _____ IC / Passport No. : _____

Name of Home Club : _____ Handicap Index : _____

Name of Current School Attending : _____

Home Address : _____

Postal Code : _____

Email : _____

Home Tel No. : _____ Mobile Tel No. : _____

Golf Coach | Club : _____

CERTIFICATION

I certify that the data shown in this form is correct to the best of my knowledge

Name of Association / Club

Name of Captain / General Manager / Golfing Manager

Signature of Captain / General Manager / Golfing Manager

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Parental Particulars

Parent Name : _____	Parent Name : _____
Relationship : _____	Relationship : _____
Occupation : _____	Occupation : _____
E-mail Address : _____	
Home Address : _____	
_____	Postal Code : _____
Tel No. : _____	Fax No. : _____
HP No. : _____	Pager No. : _____

CERTIFICATION

I, the parent(s) of _____, verify that the data shown in this form is correct to the best of my knowledge.

Name of Parent

Signature

Date

The following supporting documents are required for submission together with the application:

- a) Birth Certificate (Only Singapore Citizens / PR's are eligible to apply)*
- b) Valid golf insurance card / policy cover note from golf club*
- c) Summary of previous golfing achievements with tournament scores*
- d) Academic details certified by schools (latest academic result slip)*
- e) Recommendation letters (primary school, home clubs, golf coach)*

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**Consent and Undertaking By
Parents/Guardians of Junior Players**

I, _____, parent/guardian of _____,
consent to my son's/daughter's participation in the Golf Program held at the Singapore Sports School.

I accept and agree that I will not hold Singapore Golf Association, Singapore Sports School, Singapore Sports Council, its officials, employees or agents liable for any loss, injury or death which my son/daughter may suffer due to any incident or occurrence resulting from his/her participation at the Singapore Sports School, including but not limited to any acts or omissions (whether negligent or otherwise) committed by SGA, SSP, SSC, its officials, employees, agents or any other participants, or any breach of statutory duty on the part of SGA, SSP, SSC or any third party.

I agree to hold harmless, indemnify and keep indemnified SGA, SSS and SSC from and against any loss, damage or liability suffered and legal fees/cost incurred by SGA, SSS and SSC resulting from any action or claim taken by the junior or on his/her behalf by any other party for any loss, injury or death resulting from his/her participation in the Singapore Sports School.

Agreed to by Parent/Guardian of Junior Player

Signature: _____

Name: _____

Date: _____