



COURSE/ACTIVITY APPLICATION FORM & GET ACTIVE QUESTIONNAIRE (GAQ)

This form is for normal courses/activities only e.g. 1 Star Kayak Course, Dragon Boat Orientation Programme
 You will need to present the following documents if applicable:
 ■ PAssion Card ■ Relevant Proficiency Certification

PART 1 COURSE / ACTIVITY DETAILS

Course / Activity Date(s):

<p>KAYAKING</p> <input type="checkbox"/> Orientation Prog** (Half Day) <input type="checkbox"/> Orientation Prog** (Full Day) <input type="checkbox"/> 1 Star Award <input type="checkbox"/> 2 Star Award <input type="checkbox"/> 3 Star Training Course <input type="checkbox"/> 3 Star Assessment	<p>WINDSURFING</p> <input type="checkbox"/> Orientation Prog <input type="checkbox"/> Basic Course <input type="checkbox"/> Intermediate Course <input type="checkbox"/> Clinic	<p>ABSEILING</p> <input type="checkbox"/> Orientation Prog** <input type="checkbox"/> Proficiency Level 1* <input type="checkbox"/> Proficiency Level 2*	<p>For 7 Years Old and Above***</p> <input type="checkbox"/> Bell Boat Orientation Prog <input type="checkbox"/> Kayaking Orientation Prog (SIT-ON-TOP) (Half Day) <input type="checkbox"/> Kayaking Orientation Prog (SIT-ON-TOP) (Full Day)
<p>DRAGON BOAT **</p> <input type="checkbox"/> Orientation Prog <input type="checkbox"/> Training 12-Crew <input type="checkbox"/> Training 22-Crew	<p>SAILING</p> <input type="checkbox"/> Basic Pico Course <input type="checkbox"/> Basic Laser Course	<p>SPORT CLIMBING</p> <input type="checkbox"/> Orientation Prog** <input type="checkbox"/> Proficiency Level 1* <input type="checkbox"/> Proficiency Level 2*	<p>OTHERS</p> <input type="checkbox"/> Sea Rafting <input type="checkbox"/> Others: _____

All courses/activities are for 12 years as of 1 Jan unless otherwise stated with * due to certification requirements

** Available for 10 years and above as of 1 Jan

*** Participants should be accompanied by adult

PART 2 PERSONAL PARTICULARS

* Delete where necessary

* NRIC / FIN / Passport Number / Birth Certificate Number	Date of Birth (dd/mm/yyyy)
Name (as stated in NRIC / FIN / Passport / Birth Certificate) * Mr / Ms	PAssion Membership <input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Type <input type="checkbox"/> Condominium / Private Apartment <input type="checkbox"/> Landed Property <input type="checkbox"/> 1 or 2 Room <input type="checkbox"/> 3 Room <input type="checkbox"/> 4 Room <input type="checkbox"/> 5 Room / Executive	Race <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others
Home Address _____ _____ _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
S ()	E-Mail Address <input type="checkbox"/> I would like to be on PAssion WaVe's mailing list. _____
Telephone Numbers Home: _____ Office: _____ Mobile: _____	

PART 3 EMERGENCY CONTACT PARTICULARS

Name of Contact Person: _____	Relationship: _____
Home: _____	Office: _____
Mobile: _____	

FOR OFFICIAL USE ONLY

Amount	<input type="text"/>	Tax Invoice #	<input type="text"/>	Date	<input type="text"/>	Receipt #	<input type="text"/>	Date	<input type="text"/>	*Cash/Cheque/NETS/IBG
updated 01072019										Please turn over

PART 4 ACKNOWLEDGEMENT(TO BE COMPLETED BY APPLICANT 21 YEARS OLD AND ABOVE OR BY PARENT/GUARDIAN FOR APPLICANT BELOW 21 YEARS OLD)

Acknowledgement of Risk & Consent

I, the undersigned, hereby consent to the Applicant attending the PAssion WaVe course/activity as detailed above in this form.

I am aware that the Applicant's attendance in the course/activity involves a certain amount of risk. I understand that the Applicant will have to cooperate fully with the staff and diligently comply with the staff's instructions and all safety systems. I declare and confirm that I have read and fully understand all the parts in this course/activity registration form and I hereby accept the risks involved in the course/activity as disclosed in the information provided by PAssion WaVe.

I declare that all the information provided above is true. I have completed the GAQ and/or have sought the doctor's advice on where I am unsure and have determined that the Applicant is fit to take part in the course/activity.

*I consent to the Applicant receiving from PA and/or its affiliated organisations, communications on programmes, courses, events and/or services provided by PA and/or its affiliated organisations. The preferred mode of communications is via: ___ Mobile SMS ___ Email ___ Mailer/Letter. (*cancel paragraph if you do not consent)

I understand and agree that all personal information will be used solely for administrative purposes unless consent is provided above and PA PAssion WaVe reserves the right to use, reproduce, edit and distribute any photographs, motion picture, recordings, or any other record of its participants for any legitimate purpose, including commercial advertising.

Where appropriate, we may share your personal information with other Government agencies so as to improve the discharge of public functions, and to serve you in the most efficient and effective way unless such sharing is prohibited by law.

ACKNOWLEDGEMENT FROM APPLICANT 21 YEARS OLD AND ABOVE

Name :

Signature : Date :

ACKNOWLEDGEMENT FROM PARENT / GUARDIAN FOR APPLICANT BELOW 21 YEARS OLD

Parent's / Guardian's name :

NRIC / Passport number :

Signature : Date :