



COURSE / ACTIVITY APPLICATION FORM & MEDICAL DECLARATION

This form is for Explorer courses/activities where medical information is required e.g. Southern Island Expedition, Overseas Programmes
 You will need to present the following documents if applicable:
 ■ PAssion Card ■ Relevant Proficiency Certification

PART 1 COURSE / ACTIVITY DETAILS

Course / Activity Date(s):

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

Yes

No

Race

Chinese

Indian

Malay Others

Housing Type

Condominium / Private Apartment Landed Property

1 or 2 Room 3 Room 4 Room 5 Room / Executive

Gender

Male

Female

Home Address

S ()

E-Mail Address

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 Tax Invoice # Date Receipt # Date *Cash/Cheque/NETS/IBG

PART 4 MEDICAL DECLARATION

To be completed by Applicants (for 21 yrs old and above) or Parents/Guardian(for those below 21 yrs old)

1 HAVE YOU EVER HAD	YES	NO	If "Yes," please 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 except short sightedness			
(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 two years			
(k) Are you pregnant?			
2 DO YOU HAVE	YES	NO	If "Yes," please give details
(a) Any disability			
(b) Any other medical information to note, e.g. food, drug allergy			
(c) A pacemaker			
3 DO YOU REQUIRE	YES	NO	If "Yes," please give details
(a) Routine medication			

MEDICAL CERTIFICATION OF FITNESS

(To be completed by a Medical Examiner if "Yes" indicated for any condition listed in 1 & 2)

I examined _____ on _____ and found him or her * FIT / UNFIT
 _____ (name) _____ (date)
 to participate in the course or activity. * Delete as necessary

Remarks:

 Name of Medical Examiner

 Signature and Date

 Clinic Stamp

PART 5 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. The Applicant is currently not suffering from any acute ailment or diseases, or has been cleared by a medical examiner to participate 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 the 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 :



Pre-Course/Activity Information

*Please keep the following notes for your reference. Do contact us if you have any questions about the course information or registration procedure.

PAssion WaVe (PAWV) activities are conducted mainly in the outdoors and may be physically and mentally challenging. These activities are designed to develop outdoor skills and knowledge and to build friendship and strengthen the bond among the participants.

The water-based activities such as kayaking, sailing, windsurfing and dragon-boating can be conducted either in the reservoir or the sea. Land-based activities such as climbing or abseiling will require the participant to climb up to or to descend from a height of about 10 meters. These activities may be conducted between two to eight hours in most weather conditions. However, we will cease the activities in inclement weather such as lightning risk or during strong haze conditions.

A typical group would consist of one instructor to 10 - 16 participants. This would provide ample opportunities for people to get to know, learn and bond together.

All Instructors / Staff are proficient in the requisite outdoor skills and trained in first aid. In the event when medical care is required, first aid will be rendered by the instructor or staff. If the participant requires further attention, arrangement would be made for the participant to be conveyed to the nearest medical services.

IMPORTANT POINTS TO NOTE		
1	Medical	For this course/activity you would need to complete the medical declaration above.
2	Safety/ Acknowledgement of Risk	<p>Any outdoor activity contains inherent risks and requires awareness and cooperation on the part of the participant.</p> <p>All water and height activities and courses (rentals are not included) are closely supervised by our trainers. It is mandatory for all participants to wear personal protection equipment such as buoyancy vests for water activities or safety harnesses and helmets for height activities. Briefing and instructions on safety procedures are given before any activity.</p> <p>The well-being of all participants will always be our top priority and thus it is important that the participants adhere strictly to the instructions of the staff/trainers.</p>
3	Attire (For Water-Activities) e.g. Kayaking, Dragon-boating, Sailing, Windsurfing, etc	<p>Covered Footwear such as sports shoes or booties</p> <p>Comfortable sleeved t-shirts and bottom</p> <p>Swim attire</p>
	Attire (For Land-Activities) e.g. Climbing & Abseiling	<p>Covered Shoes</p> <p>Comfortable sleeved t-shirts</p> <p>Long pants (recommended)</p>
4	Things to bring	<p>Sun Block/Other Sun protectant</p> <p>Writing Material</p> <p>Water Bottle/ Snacks</p> <p>Toiletries, Towel, Change of Clothes (if applicable)</p> <p>Eyewear Retainers (if applicable)</p> <p>Camera (Optional)</p> <p>Logbook (if applicable)</p>
5	Time	Please report to the outlet at least 10 minutes prior to the start of the programme

Some Water & Height Activities conducted:



RAFTING



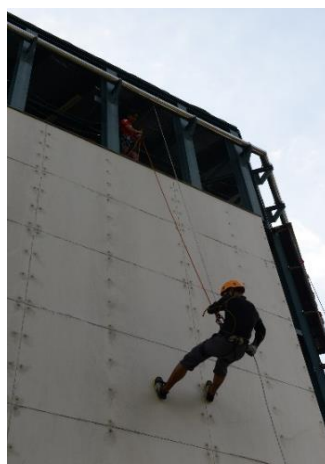
SAILING



KAYAKING



SAILING



ABSEILING



CLIMBING