



NANYANG TECHNOLOGICAL UNIVERSITY SPORTS CLUB

c/o SPORTS & RECREATION CENTRE
20 NANYANG GREEN SINGAPORE 637715
TEL: 67905172 FAX: 63165315
WEBSITE: WWW.NTUSPORTSCLUB.SG

SPORTS CHALLENGE 2016 <STREET DODGEBALL>

Date: 23rd October 2016, Sunday
Time: 0715 – 1800hrs
Venue: Sports & Recreation Centre
Price (per team): \$50 (early bird)
\$60 (normal registration)

For Official Use Only Collected By: _____ Date: _____ Early bird: Yes/No

**** At least two females and two males on court at commencement.**

Team name:

	Name
Leader	
Player 1	
Player 2	
Player 3	
Player 4	
Reserve	

I, _____, on behalf of team _____, solemnly undertake that we will abide by the rules and regulations of the game and understand that decisions made by referees/umpires are final. Changes with regards to any aspects of the game are entirely up to the organising committee's discretion without prior notice, and I will not hold the judges/organising committee liable for any disputes in the game. I understand that the organising committee reserves the rights to disqualify any team when deemed that any *rules and regulations* are breached.

Name of participant

Signature

Date



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**please circle accordingly*

1. TEAM LEADER'S PARTICULARS

Name (*as in NRIC*): _____ NRIC No. : _____

Course of Study/ Year: _____ / _____ Gender: Male / Female* DOB: _____

Contact No. : _____ (*Home*) _____ (*Mobile*)

Email address: _____ Blood Group: _____

Singlet Size: XS / S / M / L / XL* Matriculation No/Staff ID: _____

Medical History (*if any*): _____ Allergies (*if any*): _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Contact No.: _____ (*Home*) _____ (*Mobile*) _____ (*Office*)

2. PLAYER 1'S PARTICULARS

Name (*as in NRIC*): _____ NRIC No. : _____

Course of Study/ Year: _____ / _____ Gender: Male / Female* DOB: _____

Contact No. : _____ (*Home*) _____ (*Mobile*)

Email address: _____ Blood Group: _____

Singlet Size: XS / S / M / L / XL* Matriculation No/Staff ID: _____

Medical History (*if any*): _____ Allergies (*if any*): _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Contact No.: _____ (*Home*) _____ (*Mobile*) _____ (*Office*)

OUR 21 SUB-CLUBS

AIKIDO CLUB, FENCING CLUB, SHITORYU KARATE CLUB, JUDO CLUB, TAEKWONDO CLUB, SILAT CLUB, SNOOKER & POOL CLUB, RUNNERS' CLUB, BOWLING CLUB,
INLINE SKATING CLUB, CONTRACT BRIDGE CLUB, GOLF CLUB, INTERNATIONAL CHESS CLUB, NTU CHEERLEADING CLUB,
TENNIS CLUB, FLOORBALL CLUB, SCUBA DIVING CLUB, WAKEBOARDING CLUB, YACHTING CLUB, NTU LIFE GUARD CORPS, WINDSURFING CLUB



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3. PLAYER 2'S PARTICULARS

Name (*as in NRIC*): _____ NRIC No. : _____

Course of Study/ Year: _____ / _____ Gender: Male / Female* DOB: _____

Contact No. : _____ (*Home*) _____ (*Mobile*)

Email address: _____ Blood Group: _____

Singlet Size: XS / S / M / L / XL* Matriculation No/Staff ID: _____

Medical History (*if any*): _____ Allergies (*if any*): _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Contact No.: _____ (*Home*) _____ (*Mobile*) _____ (*Office*)

4. PLAYER 3'S PARTICULARS

Name (*as in NRIC*): _____ NRIC No. : _____

Course of Study/ Year: _____ / _____ Gender: Male / Female* DOB: _____

Contact No. : _____ (*Home*) _____ (*Mobile*)

Email address: _____ Blood Group: _____

Singlet Size: XS / S / M / L / XL* Matriculation No/Staff ID: _____

Medical History (*if any*): _____ Allergies (*if any*): _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Contact No.: _____ (*Home*) _____ (*Mobile*) _____ (*Office*)

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5. PLAYER 4'S PARTICULARS

Name (*as in NRIC*): _____ NRIC No. : _____

Course of Study/ Year: _____ / _____ Gender: Male / Female* DOB: _____

Contact No. : _____ (*Home*) _____ (*Mobile*)

Email address: _____ Blood Group: _____

Singlet Size: XS / S / M / L / XL* Matriculation No/Staff ID: _____

Medical History (*if any*): _____ Allergies (*if any*): _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Contact No.: _____ (*Home*) _____ (*Mobile*) _____ (*Office*)

6. RESERVE'S PARTICULARS

Name (*as in NRIC*): _____ NRIC No. : _____

Course of Study/ Year: _____ / _____ Gender: Male / Female* DOB: _____

Contact No. : _____ (*Home*) _____ (*Mobile*)

Email address: _____ Blood Group: _____

Singlet Size: XS / S / M / L / XL* Matriculation No/Staff ID: _____

Medical History (*if any*): _____ Allergies (*if any*): _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Contact No.: _____ (*Home*) _____ (*Mobile*) _____ (*Office*)

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