



# 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 < MEN'S STREET SOCCER >

Date: 23<sup>rd</sup> 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

**\*\* Only 2 SUniG/IVP players are to be allowed in the team.**

Team name:

	Name	SUniG Y/N
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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