



COURSE REGISTRATION FORM

This form is for normal courses only e.g. 1 Star Kayak Course, Dragon Boat Orientation Programme
You will need to present the following documents if applicable:

PART 1 COURSE DETAILS

Course Date(s):

KAYAKING

- ☐ Explorer Prog
(3hours)
- ☐ Orientation Prog**
(Half Day)
- ☐ Orientation Prog**
(Full Day)
- ☐ 1 Star Award
- ☐ 2 Star Award
- ☐ 3 Star Training Course
- ☐ 3 Star Assessment

WINDSURFING

- ☐ Orientation Prog
- ☐ Basic Course
- ☐ Clinic

SAILING

- ☐ Basic Pico Course
- ☐ Laser Conversion Course

STAND UP PADDLING

- ☐ Orientation Prog

- ☐ Starter Course

ABSEILING

- ☐ Orientation Prog**
- ☐ Proficiency Level 1*
- ☐ Proficiency Level 2*
- ☐ Orientation Prog**
- ☐ Proficiency Level 1*
- ☐ Proficiency Level 2*

SPORT CLIMBING

- ☐ Orientation Prog**
- ☐ Proficiency Level 1*
- ☐ Proficiency Level 2*

For 7 Years Old and Above***

- ☐ Explorer Prog
(SIT-ON-TOP) (3 hours)
- ☐ Kayaking Orientation Prog
(SIT-ON-TOP) (Half Day)
- ☐ Kayaking Orientation Prog
(SIT-ON-TOP) (Full Day)

OTHERS

- ☐ Sea Rafting
- ☐ Others: _____

All courses/activities are for 12 years as of 1 Jan unless otherwise stated with:

* due to certification requirements

** Available for 10 years & above as of 1 Jan, accompanied by an adult

*** Participants should be accompanied by an 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

☐ Yes ☐ No

Home Address

Race

☐ Chinese ☐ Indian ☐ Malay ☐ Others

Gender

☐ Male ☐ Female

E-Mail Address

☐ I would like to be on Passion Wave's mailing list.

S ()

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 *Credit Card/Cheque /NETS/IBG

updated 10102024

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

By proceeding with this registration, you hereby acknowledge and agree that you have read and understand the information set out in the Pre-activity information form.

Please read the Get Active Questionnaire and seek the necessary medical advice before you take part in the course/activity, if necessary.



KAYAK

Please scan the QR code to access the Pre-activity information and GAQ. <https://go.gov.sg/kayakpai>

I understand that my participation in this activity/programme is strictly voluntary and it involves certain risks, including risks arising from the nature of the activity/programme. I confirm that I have no physical or medical condition that would make my participation in this activity/programme unsafe for myself or others.

I agree to:

- (a) cooperate fully with the staff and trainers and abide by all instructions, safety processes and systems for the activity/programme; and
- (b) inform the staff and trainers if I feel unwell at any time during the activity/programme or if I do not wish to continue participating in the activity/programme.

☐ By ticking, I confirm that I have read, understood and agree with the above statements.

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 :