



REGISTRATION FORM

Educational Trip & Community Service @ Batam (1 - 3 June 2009)

Name as in NRIC / Passport		Gender	M / F
Address		Singapore	
Date of birth		Age	Nationality
Passport No		Passport Date of Issue	Passport Date of Expiry
Contact No (Home)		(Hp)	(Office)
Email address			
Allergies/ Medic. Record			

In case of emergency, please contact:

Name			
Relationship			
Contact No (Home)		(Hp)	(Office)

Have u suffered from any form of medical illness / sickness during the last 6 months	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify...
Have u had any form of surgery in the last 3 years	<input type="radio"/> Yes <input type="radio"/> No If yes, please specify...

DECLARATION FORM

I, the undersigned, hereby agree to waive all my rights against, and release the organizers, Darul Makmur Mosque, which includes the volunteers, sponsors and employees, connected with any way with the event, from all or any legal liability for any injury or death resulting or arising from any accident or negligent acts or omission thereof occurring during the entire period of my participation in the entire events.

I also confirm that I am physically and mentally fit to participate in the **Educational Trip & Community Service @ Batam** and that I am not suffering from any medical condition that I am aware of. I also agree that the decision made by the Organising Committee is final and that no appeal will be entertained.

Signature of Participant

Date

INDEMNITY FORM

(To be completed by parents/ guardians of participants age below 21 years of age)

I, _____, _____, _____ of _____

(Name of parent/guardian) (NRIC/Passport no) (Relation to participant) (Participant's name)

consent to allow *him/her to participate in the above selected event and shall not hold the Organisers, The Mosque, for any injury or death arising from from any accident or negligent acts or omission thereof occurring during the entire period of *his/her participation in the entire events. I also confirm that *he/she is not suffering from any medical condition that I am aware of.

Signature of parent/guardian

Date