# SAFRA TABLE TENNIS CHAMPIONSHIPS 2024

31<sup>st</sup> October to 10<sup>th</sup> November 2024 SAFRA Toa Payoh, Multipurpose Hall

# Age-Group & Open Team Registration Form

# [ALL FIELDS MUST BE COMPLETED]

**Registration at Toa Payoh SAFRA Club** 

Closing Date: Friday, 11<sup>th</sup> October 2024 at 8.30pm

Fees: Age-Group Team

(\$120 Non-SAFRA member / \$100 SAFRA Member)

Open Men's Team

(\$150 Non-SAFRA member / \$130 SAFRA Member)

Open Women's Team

(\$120 Non-SAFRA member / \$100 SAFRA Member)

\*To enjoy the discounted registration fees, the team must consist of at least **One** SAFRA Member (player/captain/team manager/parent of youth player). One SAFRA member is only entitled to be registered for a maximum of two teams for the purpose of the discount. Evidence of a current SAFRA membership must be presented during registration.

## Note:

The Age-Group & Open Team may consist of players of the appropriate ages. These events are only opened to Singapore Citizens. Fixtures of the tournament will be out on **23**<sup>rd</sup> **October 2024** via SAFRA Webpage.

OPEN	□Men's Team	□Women's Team	
BOYS'	□Under 15 (born in or after 2009)	□Under 12 (born in or after 2012)	
GIRLS'	□ <b>Under 12</b> (born in or after 2012)		





OFFICIAL USE ONLY:			
Served by:	Date:		
Amount:	Receipt No.:		





*Team Name (Required Field):			
Particulars of Team Manager			
Namo	(English)		
Name:	_(EIIBII2II)	Contact No.	(Mahila)
Date of Birth:		Contact No	(Mobile)
Email:			
Nationality:	_		CAEDA Marchari Vas / Na
			SAFRA Member: Yes / No
Particulars of Team Captain (Player 1)			
Name:	_(English)		
Date of Birth:		Contact No.:	(Mobile)
Nationality:			
<u>- ———</u>	_		SAFRA Member: Yes / No
Particulars of Player 2			
Turticulars of Flage.			
Name:	(English)		
Date of Birth:		Contact No.:	(Mobile)
Nationality:	_		
			SAFRA Member: Yes / No
Particulars of Player 3			
Name:	(Fnglish)		
Date of Birth:	(LII6II3II)		(Mobile)
Nationality:		Contact No	(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Nationality.	_		
			SAFRA Member: Yes / No





Particulars of Player 4		
Name:	_(English)	
Date of Birth:	Contact No.:_	(Mobile)
Nationality:	_	
		SAFRA Member: Yes / No

I hereby declare that all my particulars given in this form are true and correct, and agree to the Terms and Conditions, Data Privacy and Media Rights on Page 5&6. I hereby acknowledge, agree, declare and confirm that SAFRA and or its partners, officers and employees are not responsible or liable for any loss, damages, compensation, illness, accident, injury or death howsoever arising which may occur to me or my child or ward (as the case may be) at any time during the training program/courses and I, hereby absolve SAFRA from all responsibility and all liability absolutely for any such loss, damages, compensation, illness, accident, injury or death howsoever aforesaid. I hereby unconditionally agree to and undertake to indemnify and keep SAFRA and/or its partners, officers and employees indemnified from and against any and all liability from any loss, damages, compensation, illness, accident, injury or death including costs and expenses relating thereto. I hereby further declare and confirm that I have the requisite capacity to acknowledge, agree, declare and confirm the aforesaid.





# To be completed by parent/guardian of the applicant under 18 years old

I, declare that I am the parent/guardian of the applicant and certify that his/her particulars given are true and correct, and given my full consent for his/her participation under the Terms and Conditions (including the Data Privacy, Media Rights and Indemnity) provided in this form.

Team Captain (Player 1)	
Parent/Guardian Name:	
Parent's Partial NRIC No. (Last 3 digits and alphabet):	
Signature of Parent/Guardian:	Date:
Player 2	
Parent/Guardian Name:	_
Parent's Partial NRIC No. (Last 3 digits and alphabet):	
Signature of Parent/Guardian:	Date:
Player 3	
Parent/Guardian Name:	<u>_</u>
Parent's Partial NRIC No. (Last 3 digits and alphabet):	
Signature of Parent/Guardian:	· · · · · · · · · · · · · · · · · · ·
Player 4	
Parent/Guardian Name:	<u> </u>
Parent's Partial NRIC No. (Last 3 digits and alphabet):	
Signature of Parent/Guardian:	Date:





#### **Terms & Conditions**

- (a) Submission of this registration form is not proof of acceptance. Registration will be confirmed in writing. No telephone booking will be accepted.
- (b) Please note the registration closing date. As the activity is subjected to minimum number of participants, members will be informed 3 days before activity day if the activity is confirmed.
- (c) Photos taken during the event may be used for publicity without prior notice.
- (d) All payments are to be made prior to the event. Payments are non-refundable unless in the event of the activities being cancelled by SAFRA.
- (e) The Management reserves full rights to cancel or change the event details without prior notice.
- (f) SAFRA shall be the sole interpreter of all terms and conditions written down and reserves the right to amend fees, venue and commence date without prior notice.

# **Data Privacy**

By submitting this form, I/We confirm that:

- (a) the information provided by me/us is true and correct,
- (b) I/We consent to SAFRA's collection, use and disclosure of my/our personal data for the purposes of registering and managing the **SAFRA TABLE TENNIS CHAMPIONSHIPS** (including but not limited to contacting me/us via email and short message service (SMS) on the Championship and transmitting my/our personal data to third parties such as the Singapore Table Tennis Association), the publishing of team/individual name(s) and fixture on website of SAFRA and Singapore Table Tennis Association and tournament brackets, and for other applicable purposes as set out in SAFRA's Privacy Policy

(<a href="https://www.safra.sg/privacy-policy">https://www.safra.sg/privacy-policy</a>), as amended from time, which outlines how SAFRA manages my/our personal data in accordance with the Personal Data Protection Act 2012; and

(c) where Personal Data of any third party is provided by me/us, I have obtained the consent of the third party to SAFRA's collection, use and/or disclosure of those Personal Data.

### **Media Rights**

Photographs, videos and other recordings ("Media") will be taken by SAFRA at this event. By attending this event, whether as a participant, staff or volunteer, you consent to and grant SAFRA the right to use such media for internal record purposes, publicity purposes, commercial advertising and distribution to its sponsors and partners.





Please note that non-official photographers might also operate at this event. SAFRA has no control over and is not responsible in any way for any media produced by non-official photographers.

# Indemnity

I hereby declare that all my particulars given in this form are true and correct, and agree to the Terms and Conditions, Data Privacy and Media Rights. I hereby acknowledge, agree, declare and confirm that SAFRA and or its partners, officers and employees are not responsible or liable for any loss, damages, compensation, illness, accident, injury or death howsoever arising which may occur to me or my child or ward (as the case may be) at any time during the training program/courses and I, hereby absolve SAFRA from all responsibility and all liability absolutely for any such loss, damages, compensation, illness, accident, injury or death howsoever aforesaid. I hereby unconditionally agree to and undertake to indemnify and keep SAFRA and/or its partners, officers and employees indemnified from and against any and all liability from any loss, damages, compensation, illness, accident, injury or death including costs and expenses relating thereto. I hereby further declare and confirm that I have the requisite capacity to acknowledge, agree, declare and confirm the aforesaid.

☐ I/We certify that I/We have read and understood the ab Privacy, Media Rights and Indemnity.	oove Terms and Conditions, Data
Signature of Team Manager	Date



