

# Health Declaration & Consent Form

**BELOW 18**

Parental signature required

## TEENSPORTZ 2019

### HEALTH DECLARATION AND CONSENT FOR YOUTH UNDERTAKING PERFORMANCES

#### **FOR PARENTS**, IF YOUTH IS BELOW 18 YEARS OLD AS OF THE DATE OF THIS FORM

I, \_\_\_\_\_,  
(FULL NAME OF PARENT/ GUARDIAN AS IN NRIC)

declare the information below for my child/ward is true and accurate

\_\_\_\_\_  
(FULL NAME OF CHILD/WARD AS IN NRIC)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(D.O.B. DD/MM/YYYY)

#### HEALTH DECLARATION

**1. Indicate "NA" for nothing OR with a "✓" if your child/ward has a history or are currently affected by the following.**

Asthma	NA   ✓	High blood pressure	NA   ✓
Heart problems	NA   ✓	Fractures	NA   ✓
Back problems	NA   ✓	Muscle problems	NA   ✓
Neck problems	NA   ✓	Eye problems	NA   ✓
Joint problems	NA   ✓	Diabetes	NA   ✓
<b>2. Any other condition/s that affects or may affect your child/ward's participation (Eg. Epilepsy, any disorder) If "Yes", please state:</b>	Yes / No	<b>3. Is your child/ward on medication or prescribed drugs? If "Yes", please state:</b>	Yes / No
<b>4. Any recent surgery or illnesses? If "Yes", please state type, date done and restrictions to your child/ward's participation:</b>	Yes / No	<b>5. Allergies (drugs, food, stings...etc)? If "Yes", please state:</b>	Yes / No
<b>6. Special dietary needs? Please state:</b>			

Notwithstanding the condition(s) as declared above (if any), I give my consent and confirm that my child/ward is medically fit to undertake the performance(s) or activities in relation to TeenSportz 2019, in particular, the tournament(s) and all other related activities indicated below (details as set out in the Programme brochure and the website [URL:https://www.teensportz.com](https://www.teensportz.com)), and that such performance(s) or activities will not affect his/her health.

Tournament/Activity	Dates	Tick Here
Tchoukball		
Frisbee		
Basketball		
Pool		
Futsal		

If there are any changes to the above declaration following the date of this form and on or prior to the date of the Programme, I shall duly inform Singapore Youth for Christ forthwith on the details of such change(s) (the “**Additional Declaration**”) and unless otherwise expressly indicated, the above undertaking shall apply to such Additional Declaration.

Singapore Youth for Christ reserves the right to limit or refuse the participation of any participant without assigning any reasons thereof.

I agree not to hold Singapore Youth for Christ and its directors, officers, employees, agents and/or volunteers liable for any loss or damage (including, without limitation, physical injury, loss of life or property damage) caused by or sustained as a result of my child/ward’s participation in the abovementioned performance(s) or activities.

I will indemnify and keep indemnified Singapore Youth for Christ and its directors, officers, employees, agents or volunteers against all losses, claims, demands, actions, proceedings, damages, costs or expenses, including legal fees, and any other liability arising in any way from my child/ward’s participation in the abovementioned performance(s) or activities.



\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

**IN CASE OF EMERGENCY, PLEASE CONTACT**

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(RELATION)

\_\_\_\_\_  
(CONTACT NO.)

**FOR OFFICIAL USE ONLY**

Additional Declaration:

Date:



## TEENSPORTZ 2019

Please ensure completion of the following information:

### PDPA CONSENT

**IF YOU ARE 13 YEARS OLD AND ABOVE AS OF THE DATE OF THIS FORM**

By filling up this form, I, the participant,

\_\_\_\_\_ / /  
(FULL NAME AS IN NRIC) (D.O.B. DD/MM/YYYY)

give consent to Singapore Youth for Christ, her agents, directors, officers, employees, volunteers, and authorised service providers to collect and use my data for the purpose of my participation in TeenSportz 2019, in particular, the tournament(s) and all other related activities indicated below (details as set out in the programme brochure and the website URL: <https://www.teensportz.com>), including but not limited to administration and insurance purposes.

Tournament/Activity	Dates	Tick Here
Tchoukball		
Frisbee		
Basketball		
Pool		
Futsal		

My contact number is \_\_\_\_\_.

I, the participant, am aware that photos and videos will be taken during the Programme, which may include images of myself, and may be used for Singapore Youth for Christ's printed and online publications. I understand that I may withdraw my consent at any time by sending an email to [dpo@syfc.org.sg](mailto:dpo@syfc.org.sg)



\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)



# PDPA Consent Form

**BELOW 13**

Parental signature required

## TEENSPORTZ 2019

Please ensure completion of the following information:

### PARENTAL/GUARDIAN CONSENT

**FOR PARENTS**, IF YOUTH IS **BELOW 13 YEARS OLD** AS OF THE DATE OF THIS FORM

I, \_\_\_\_\_, allow my child/ward  
(FULL NAME OF PARENT/ GUARDIAN AS IN NRIC)

\_\_\_\_\_  
(FULL NAME OF CHILD/WARD AS IN NRIC)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(D.O.B. DD/MM/YYYY)

to come for TeenSportz 2019, in particular, the tournament(s) and all other related activities indicated below (details as set out in the programme brochure and the website (URL: <https://www.teensportz.com>)).

Tournament/Activity	Dates	Tick Here
Tchoukball		
Frisbee		
Basketball		
Pool		
Futsal		

By filling up this form, I, the parent/guardian, give consent to Singapore Youth for Christ, her agents, directors, officers, employees, volunteers, and authorised service providers to collect and use my child/ward's and my data for the purpose of my child/ward's participation in the Programme, including but not limited to administration and insurance purposes.

My contact number is \_\_\_\_\_, and my child/ward's contact number is \_\_\_\_\_.

I, the parent/guardian, am aware that photos and videos will be taken during the Programme, which may include images of my child/ward, and may be used for Singapore Youth for Christ's printed and online publications. I understand that I may withdraw my consent at any time by sending an email to [dpo@syfc.org.sg](mailto:dpo@syfc.org.sg)



(SIGNATURE)

(DATE)



Health Dec/PDPA Form (Version: Mar 2018)