



新加坡武术龙狮总会主办
散打交流赛

2016年5月7日傍晚6点正-新加坡武术龙狮总会练武厅

Sanda Friendly Match
Organised By
Singapore Wushu Dragon & Lion Dance Federation
7 May 2016, 6.00pm Federation Training Hall

报名表格 **Registration Form**

姓名（中文）： NAME (CHINESE):		姓名（英文）： NAME (ENGLISH):		性别：男/女 SEX: M / F *	护 照 相 片 Passport Photo
出生日期： DOB:	居民证号码： NRIC NO.:	职业： PROFESSION:			
地址： ADDRESS:			邮区： POSTAL CODE:		
电邮： EMAIL:	手提电话： MOBILE:	住家电话： HOME:			
年龄： AGE:	体重： WEIGHT:	参加量级： CATEGORY:		成年组/少年组 OPEN/ YOUTH *	

我参加这次交流赛，系属自愿。若有任何意外，概由本人自行负责，与总会和工作人员无关，并愿遵守散手赛章程。

I knowingly and without duress, do voluntarily submit my Registration Form to participate in the Sanda Friendly Match. I shall not hold the organizer liable for any physical and mental injuries, disabilities and losses, which may result from or in connection with my participation in the competition. I shall strictly adhere to the Rules and Regulations.

选手签名
SIGNATURE OF PARTICIPANT

会长 / 主席签名
SIGNATURE OF
PRESIDENT/CHAIRMAN

团体盖章
STAMP OF ORGANIZATION

Registration Closing Date is on 26 Apr 2016 (Tue), 5.00pm.

Weigh-in is on 3 May 2016 (Tue) 8.00pm to 9.00pm at SWDLDF, Fitness Room.

Incomplete Registration Form will not be accepted.



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Waiver of Liabilities

FULL NAME : _____

NAME IN CHINESE : _____

DATE OF BIRTH : _____

NRIC NO. : _____

I, _____, the undersigned, knowingly and without duress, do voluntarily submit my Entry to the competition. In consideration the Singapore Wushu Dragon & Lion Dance Federation accepting my application, I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from or in connection with my participation in the above event. Acting for myself, personal officers, agents, representatives and assignees, I do hereby release the Federation, its officers, agents, representatives, servants, employees, volunteers, and all other related members from all claims, actions, suits and controversies at law or in equity by reason of any matter, cause or thing whatsoever that I may sustain as result of or in connection with my participation in the above event. I fully understand that any medical attention or treatment afforded to me by the Federation, its officers, agents, representatives, servants, employees, volunteers, and all other related members from any liability for such aid. I understand it is my obligations to obtain medical coverage.

I agree to abide by and follow the Rules established by the Federation and the Organizing Committee, and I understand that my protest must be conducted in accordance with the Rules of Arbitration.

I have read and fully understand the Waiver listed above.

Signature of Participant

Date

For Participants below 21 years old

Name & Signature of Parent / Guardian

Date