

SWAN CITY TOASTMASTERS CLUB Youth Leadership Camp 2009

14th - 16th March 2009 • YMCA Camp Resort • Sibü

PARTICIPANT REGISTRATION FORM

Name (full): _____ IC No: _____

Race: _____ Religion: _____ Sex: _____ T-shirt Size: _____

Age: _____ Contact No. _____ Email: _____

Address: _____

School: _____ Form: _____

Principal/Teacher-in-charge: _____ Chop: _____

Applicant's Signature: _____ Date: _____

PARENT'S/GUARDIAN'S CONSENT

I (full name) _____ (Father/Mother/Guardian) consent to allow _____ (Name of Participant, hereinafter "the said participant") to participate in the Youth Leadership Camp organized by Swan City Toastmasters Club, at YMCA Camp Resort, Sibü, on 14th – 16th March 2009. I agree to relieve and indemnify the Organizing Committee of the Youth Leadership Camp for all liability whatsoever for any accident or injury incurred to the said participant or loss of any nature during the period of the camp.

Address (if different from above): _____

Contact No.: _____ Relationship: _____

Parent's/guardian's signature: _____ Date: _____

Please submit your completed form before 21/2/2009 to your teacher-in-charge/principal or Dr Clement Chen's Specialist Clinic. Should you have any queries, please contact Dr Chen @ 084-335433 Fax: 084-348433 or Mr Wu Yee Chun @ 019 827 1737.