



Application Form

Class:

Schedule:

PUPIL'S PARTICULARS			
NAME:		GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
BIRTH DATE: (DD/MM/YY)		AGE:	
BC/IC/PP #:		HOME TEL #:	
HOME ADDRESS:			
NAME OF SCHOOL:		SPORTS IN SCHOOL:	
PHOTO			
PUPIL'S MEDICAL DETAILS			
ANY MEDICAL CONDITION:	<input type="checkbox"/> YES <input type="checkbox"/> NO	ANY KNOWN ALLERGIES:	
DETAILS OF CONDITION(S):			
PREFERRED DOCTOR'S NAME:		DOCTOR'S CONTACT #:	
PREFERRED A&E HOSPITAL:			
FAMILY DETAILS			
MOTHER'S NAME:		FATHER'S NAME:	
MOBILE #:		MOBILE #:	
EMAIL :		EMAIL :	
PREFERRED CONTACT PERSON:	<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER	<input type="checkbox"/> MORN <input type="checkbox"/> AFTERNN <input type="checkbox"/> EVENING	
IF PARENTS CANNOT BE REACHED IN CASE OF EMERGENCIES, PLEASE CONTACT (NAME):			
RELATIONSHIP TO CHILD:		CONTACT #:	
PUPIL'S INTERESTS			
PREVIOUS GYMNASTICS BACKGROUND:	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLS SPECIFY : EXPERIENCE : <input type="checkbox"/> 1-2 YRS <input type="checkbox"/> 3-5 YRS <input type="checkbox"/> 6-7 YRS <input type="checkbox"/> 8-10 YRS		
REASONS FOR CHOICE OF GYMNASTICS CLASS:	TICK A MAXIMUM OF 2: <input type="checkbox"/> RECREATION <input type="checkbox"/> FITNESS <input type="checkbox"/> DISCIPLINE <input type="checkbox"/> COMPETITION <input type="checkbox"/> STRENGTHENING <input type="checkbox"/> OTHERS, PLS SPECIFY:		
OTHER INTERESTS:	TICK CHOICES OF INTEREST: <input type="checkbox"/> TRAMPOLINE <input type="checkbox"/> CHEERLEADING <input type="checkbox"/> BALLET <input type="checkbox"/> HIP HOP <input type="checkbox"/> BREAKDANCE <input type="checkbox"/> RHYTMIC <input type="checkbox"/> OTHERS, PLS SPECIFY:		

PARENT'S CONSENT			
<ol style="list-style-type: none"> 1. I hereby permit my child/ward, _____, to participate in training or classes. 2. I accept that RGA will place my child/ward in the appropriate level and class. 3. I will abide by all terms and conditions, rules and regulations. 4. I will not hold RGA or any of its employees responsible for any injury, and keep RGA indemnified against any claims. 5. I permit RGA to seek medical care for my child in case of an emergency. In an emergency, RGA will contact me, or the person I have designated. 6. I will bear all medical and surgical treatment costs. 7. I will give notice in writing if I wish to terminate my child's classes. 			
Name of Parent/Guardian:		Signature:	
Date:			
IMPORTANT NOTES			
<ol style="list-style-type: none"> 1. Please give the Academy 2 weeks to respond to your application. 2. We will invite your child/ward to attend a trial lesson if he/she has no previous experience. 3. For children who paid the trial lesson fee and commenced classes with Raffles Gymnastics Academy within a week, such fee will be offset against the class fees. 4. Payment can be made by crossed cheque to: Raffles Gymnastics Academy (S) Pte Ltd 5. Kindly expect two to six months for your child's placement to an appropriate level and class. 6. A one-time non-refundable, non-transferable fee of S\$100.00 is payable upon registration. 7. The prevailing GST rate will apply. 8. For cases of withdrawal, a full term written notice is required; otherwise, half a term's fee will be charged. 9. Course fee is non-refundable and non-transferable. 			
FEEDBACK			
HOW DID YOU HEAR ABOUT US?			
<input type="checkbox"/> FAMILY/FRIENDS <input type="checkbox"/> CHILD'S SCHOOL <input type="checkbox"/> INTERNET <input type="checkbox"/> BANNERS <input type="checkbox"/> OPEN HOUSE (DATE : _____) <input type="checkbox"/> EXHIBITION BOOTH (DATE : _____) <input type="checkbox"/> OTHERS:			
FOR OFFICIAL USE			
DATE/TIME OF TRIAL/ASSESSMENT:		ASSESSED BY:	TRIAL FEES:
COMMENTS:			
LEVEL/PROGRAMME ASSIGNED TO:		DATE OF NOTIFICATION TO PARENTS:	
CLASS START DATE:		CLASS FEES:	
STARTING COACH:		ADMISSION #:	
OTHER REMARKS:			