



Tchoukball Association of Singapore

Block 65 Kallang Bahru, #01-305
Singapore 330065
Tel 65 6297 4100 Fax 65 6291 6196
contactus@tchoukball.org.sg
www.tchoukball.org.sg

Registration Form for U18 TBAS Tchoukball Cup (Please Write Clearly in Block Letters)

Team Name - _____		Category – a) Boys b) Girls/Mixed (please delete one)				
Team Manager Name	M/F	BC or IC No.	Date of Birth (ddmmyy)	Email	Remarks	
Players Name	M/F	BC or IC No.	Date of Birth (ddmmyy)	Email	School	Size*

* Size of Tshirt should be in cm (the width of shoulder) eg 38cm, 42cm, 48cm, 52cm.

Please attach all Parent's Consent forms with this registration form. **Each** player must submit **1** parent consent form.



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U18 Tchoukball Cup Parent's / Guardian's Consent (Please print as needed)

I, _____ NRIC No. _____ *parent/guardian of
_____ *consent / do not consent to my *child/ ward participating in the U18 Tchoukball Cup.

I understand that although TBAS will take all the necessary precautions to ensure the safety of my *child/ ward, TBAS and their appointed officials will not be liable for any accident, injury or loss sustained by my *child/ ward during the activity except where the same is caused by either the negligence or willful act of omission of TBAS or their appointed officials.

I hereby apply on behalf of my *child/ ward for the admission to the Tchoukball Association of Singapore competition. I declare that the information given in this form is true and complete. I understand if falsified information is submitted, admission will be rescinded. If accepted for the competition, my *child/ ward will comply with **all rules and regulations of TBAS.**

Parent's Signature

Date

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Co-organised by



Supported by

