

Part IV - Medical Declaration

Please use the space below to declare any pre and/or current medical condition. You may attach a separate sheet if required.

Part V Declaration

I have read and understood the selection criteria and agree to abide by them. I also hereby declare that I am medically fit to join the selection time trial and hold myself solely responsible for any mishap or injury that may occur during, or as a result of my participation in the stated event.

Signature of Applicant

Date

Part VI Parental Consent for Participants under Age 18

I, Dr/Mr/Mrs/Miss/Mdm _____, NRIC No. _____,
allow my child / ward* to participate in the overstated event

Signature of Parent/Guardian

Date