SINGAPORE SILAT FEDERATION



Athletes Registration Form Year_____

Age Category: Senior / Junior / Pre – Junior / Pre – Teen / Singa Silat / Singa Cub **Discipline:** Match / *Artistic (Single / Double / Team)

*Exclude Singa Silat & Singa Cub				
Photo Photo				
Personal Particulars				
	ex: M / F			
	,			
NRIC: Date of Birth: Age:				
Passport No: Date of Issue: Date of Expiry:				
Home Address:				
Tel: (H) (HP) E-mail:				
Parent's Particulars (Father)				
Name:				
NRIC: Date of Birth: Age:				
Home Address:				
Tel: (H) (HP) E-mail:				
, , ,				
Parent's Particulars (Mother)				
Name:				
Name: NRIC: Date of Birth: Age:				
NRIC: Date of Birth: Age:				
NRIC: Date of Birth: Age: Home Address:				
NRIC: Date of Birth: Age: Home Address:				
NRIC: Date of Birth: Age: Home Address: Tel: (H) (HP) E-mail:				
NRIC: Date of Birth: Age: Home Address: Tel: (H) (HP) E-mail: Spouse / Guardian's Particulars Name: NRIC: Date of Birth: Age:				
NRIC: Date of Birth: Age: Home Address: Tel: (H) E-mail: Spouse / Guardian's Particulars Name:				

Sch	nool Particular (Pa	rt Time / Full Tin	ne)	
Naı	me of Institution:		-	
Add	dress:			
Cla	ss:	Stream/Course:		Principal:
Tel	•	Fax:	Email:	
CCA			Days of CCA Activities:	
Tea	cher-in-charge:		Tel:	
			School Stamp	
Em	ployment Particu	lar (Part Time / F	ull Time)	
	me of Company/Em	ployer:		
Add	dress:			
Job	Title:		Immediate Supe	rvisor:
Tel	•	Fax:	Email:	
			Company's Stamp	
Coi	mmunity / Charity	Work		
	Name of Event		Date	Responsibilities
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

C11				
Silat Involvement				
Name of Silat Club:				
Name of Silat Master:		Signature:		
Name of Secretary General:		Signature:		
Date Joined:		No. of Years Active:		
Day(s) of training (i.e Monday):		Training Centre:		
	Associati	on Stamp		
Previous Silat Involvement				
Name of Silat Club:				
Name of Silat Master:				
Name of Secretary General:				
Date Joined:		No. of Years Active:		
Day(s) of training (i.e Monday):		Training Centre:		
Reason/s on why you left previous clul	b:			
Other discipline (i.e MMA, Taekwoi	ndo)			
Discipline		Club	Year of Active	
·				
<u> </u>				
Apparel Information				
Round Neck T – size:		Polo T – Shirt size:		
Silat Uniform size:		Track Suit size:		
Shat Official Size.		TI GUN JUIL SIZE.		

Medical History	
a. Do you have any medical problem? Yes / No	
If yes, please state below:	
h Araway an any madiasticn 2. Vac / Na	
b. Are you on any medication? Yes / No	
If yes, please state type of medication taken:	
c. Have you undergone any major operation for the past 2 years? Yes / No	
If yes, please state the type of operation:	
d. Do you have any injuries? Yes / No	
If yes, please state your injuries below and how long ago:	
e. Spectacles? Yes / No Contact Lens? Yes / No	
Person to be contacted in case of emergency:	
Phone Number:	

ATHLETE'S ACHIEVEMENT

NO.	NAME OF CHAMPIONSHIP	MONTH / YEAR	CATEGORIES	PLACING
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
NO.	NAME OF ACTIVITIES INVOLVED	MONTH / YEAR	REM	ARKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
NO.	AWARDS / SCHOLARSHIP RECEIVED	MONTH / YEAR	RECEIV	ED FROM
1				
2				
3				
4				
5				
6				
7				
8				
9				

ATHLETE'S CHECKLIST

(Kindly attach the following supporting documents with this application form) NO	YES	NA
1. Applicant's Birth Certificate			
2. Applicant's NRIC / Student Pass			
3. Applicant's Passport Copy			
4. Copy of Bank Account (Parents for younger athletes)			
5. School Timetable			
6. Working Timetable			
Applicant's certificates (School activities, Awards/Scholarship, competitions)			
8. Applicant's Medical Report (Past & Current injuries)			
9. Agreement Form			
10. Full Payment (according to the registration fee)			
11. Interview			