



PARTICIPANT INFORMATION

Full Name (as per NRIC):		ID No.:	Attach Photo Here
Date of Birth:	Nationality:	Gender: M / F	
Residential Address:			
Postal Code:			
Tel. No.:	Email Address:		

PARENT / GUARDIAN INFORMATION

Full Name:	ID No.:
Relationship:	Tel. No.:
Email Address:	

PRICING AND PAYMENT OPTIONS (Please Tick)

LASER SHOOTING PROGRAM	PROGRAM FEE	SPORTS SHOOTING PROGRAM	PROGRAM FEE
<p align="center">Laser Shooting (Basic) 6 Lessons</p> <p>Saturday, 9.30am, Range B <input type="checkbox"/></p> <p>Sunday, 9.30am, Range B <input type="checkbox"/></p>	<p>SAFRA Member: \$224.70</p> <p>Guest: \$256.80</p> <p>Course Start Date: _____</p> <p><i>*Start date to be filled by Coach*</i></p>	<p align="center">Sports Shooting (Basic) 6 Lessons</p> <p>Saturday, 9.30am, Range A <input type="checkbox"/></p> <p>Saturday, 10.30am, Range A <input type="checkbox"/></p> <p>Sunday, 9.30am, Range A <input type="checkbox"/></p> <p>Sunday, 10.30am, Range A <input type="checkbox"/></p> <p>Others: _____</p> <p><i>*To be advised by Coach*</i></p>	<p>SAFRA Member: \$288.90</p> <p>Guest: \$299.60</p> <p>Course Start Date: _____</p> <p><i>*Start date to be filled by Coach*</i></p>
<p align="center">Laser Shooting (Intermediate) 8 Lessons</p> <p>Saturday, 11.30am, Range B <input type="checkbox"/></p> <p>Sunday, 11.30am, Range B <input type="checkbox"/></p>	<p>SAFRA Member: \$385.20</p> <p>Guest: \$428.00</p> <p>Course Start Date: _____</p> <p><i>*Start date to be filled by Coach*</i></p>	<p align="center">Sports Shooting (Intermediate) 10 Lessons</p> <p>Saturday, 11.30am, Range A <input type="checkbox"/></p> <p>Saturday, 12.30pm, Range A <input type="checkbox"/></p> <p>Sunday, 11.30am, Range A <input type="checkbox"/></p> <p>Sunday, 12.30pm, Range A <input type="checkbox"/></p> <p>Others: _____</p> <p><i>*To be advised by Coach*</i></p>	<p>SAFRA Member: \$556.40</p> <p>Guest: \$588.50</p> <p>Course Start Date: _____</p> <p><i>*Start date to be filled by Coach*</i></p>



SPORTS SHOOTING PROGRAM	PROGRAM FEE
<p align="center">Sports Shooting (Advance) 12 Lessons</p> <p>Saturday, 1.30pm, Range B <input type="checkbox"/></p> <p>Saturday, 3.30pm, Range B <input type="checkbox"/></p> <p>Saturday, 5.30pm, Range B <input type="checkbox"/></p> <p>Saturday, 7.30pm, Range B <input type="checkbox"/></p> <p>Sunday, 1.30pm, Range B <input type="checkbox"/></p> <p>Sunday, 3.30pm, Range B <input type="checkbox"/></p> <p>Others: _____ <i>*To be advised by Coach*</i></p>	<p align="center">SAFRA Member: \$1,128.85</p> <p align="center">Guest: \$1,155.60</p> <p align="center">Course Start Date: _____ <i>*Start date to be filled by Coach*</i></p>

Terms & Conditions:

1. SAFRA Dependent membership card / Birth Certificate is required for verification upon application.
2. All venue started are for reference and subjected to changes when necessary.
3. Prices stated are inclusive of 7% GST.
4. All students must be properly attired to attend the class. No slippers or shorts are allowed.
5. There will be no make-up classes.
6. Students are not allowed to attend both Laser Shooting and Sports Shooting concurrently.
7. All students must be a valid SAFRA Shooting Club before any program enrollment, except Sports Shooting (Basic).

Size 28 / XXXXXS 35.5 cm 14 inches	Size 30 / XXXXS 38 cm 15 inches	Size 32 / XXXS 40 cm 16 inches	Size 34 / XXS 43 cm 17 inches
Size 36 / XS 45.5 cm 18 inches	Size 38 / S 48 cm 19 inches	Size 40 / M 51 cm 20 inches	Size 42 / L 53.5 cm 21 inches
Size 44 / XL 56 cm 22 inches	Size 46 / XXL 58.5 cm 23 inches	Size 48 / XXXL 61 cm 25 inches	Size 50 / XXXXL 63.5 cm 25 inches

Please indicate selected size: _____



MEDICAL DECLARATION

It is important that we know of any medical concerns as your safety is our utmost priority. Please complete the following questionnaire fully and honestly. All information provided on this form will be treated as confidential.

Do you have an history of / have you ever had		No	Yes (please give details)
1	Chest pain, high blood pressure, heart problems		
2	Fits, epilepsy, fainting attacks, migraine, severe head injury		
3	Allergy to medicines / food / others		
4	Bone or joint injuries		
5	A carrier status for any infectious disease		
6	Medical treatment within the last two years		
7	Any other medical conditions not listed above		

DECLARATION

- I declare that all particulars given are true and correct.
- I acknowledge that acceptance to my application is not automatic and that SAFRA Shooting Club may reject my application at their discretion.
- I agree to abide by all rule and regulations laid out by SAFRA Shooting Club.
- I acknowledge that these Clubs activities and/or courses have inherent risks and dangers, and shall assume all such risks as well as full responsibility for the same. I accept that my participation in such activities and/or use of any equipment thereof may result in injury to myself or others, hereby release, hold harmless and indemnify to the fullest extent permitted by law, SAFRA, with respect to any and all harm, injury, disability, death, loss and/or damage to myself or others as a result of the aforesaid.
- I understand that all fees paid are non-refundable.
- I acknowledge that SAFRA Shooting Club reserves the right to make any changes or modify our Terms and Conditions without prior notice.
- I acknowledge that SAFRA Shooting Club reserves the right to terminate without liability or refund, any members that breach safety or discipline matters in the shooting range.

By submitting this form, you agree to be bound by SAFRA's Privacy Policy (a copy which may be found at <http://www.safra.sg/general/privacy-policy>), as amended from time to time, which outlines how SAFRA manages your personal data in accordance with the Personal Data Protection Act 2012, and will be deemed to have consented to SAFRA's collection, use or disclosure of your personal data for purposes of, including but not limited to, your photos/videos taken for SAFRA's publicity purposes to be used by SAFRA on platforms such as Website, Digital Platforms and Publicity Collaterals.

Signature of Applicant

Date

Parent's / Guardian's Consent (Applicant below the age of 18 years old)

I, _____ (Name), NRIC No: _____ allow my child / ward to join the SAFRA Junior Shooting Program under the terms and conditions contained herein.

Signature of Parent / Guardian

Date



OFFICIAL USE ONLY

(To be completed by Customer Service Officer)

Received By: _____ Receipt No: _____ Date: _____

Payment by: CASH / CHEQUE / VISA / NETS *Cheque should be made payable to SAFRA