



INDEMNITY FORM FOR PARTICIPANTS

Section 1: Personal particulars/Programme details

Full Name:	
Gender:	Year of Birth:
Contact Number:	School/Venue:
Email:	Nationality:
Programme Details	

Section 2: Standard terms and conditions

2.1 All event participants shall include but not limited to players, officials and/or supporters, who are advised to purchase insurance policies against injuries and/or any other losses that the individual deems necessary for the competition.

2.2 All participants acknowledge that some of the activities may involve a significant amount of physical exertion and physical risk. The NYSI shall not be liable for any accidents, injuries or losses of personal properties that may have been suffered during any of the competitions and fitness tests it organises.

2.3 By participating in the event, players, officials and/or teams, grant the NYSI, and its sponsors the rights to use any photography, motion pictures, recordings, and/or any other forms of film or documentation for publicity or commercial purposes.

2.4 Any person who makes, reproduces or uses any recording, data or image for uses other than private non-commercial purposes, shall assign in writing all copyright and intellectual property rights to the NYSI.

Section 3: Data Protection Notice



3.1 I certify that the information provided in this registration form is true and complete to the best of my knowledge, and I understand that any false or incomplete entry could render my test results invalid.

3.2 I have read and understood the content of the NYSI Personal Data Privacy Statement. By providing the NYSI with my personal data, proceeding with my registration for the above mentioned programme, I hereby:

(i) Consent to the collection, use, process and disclosure by or on behalf of the NYSI of my personal data to fulfil the purposes identified in the Personal Data Privacy Policy;

(ii) Confirm that the personal data provided by me are accurate and non-misleading; and

(iii) Agree to the terms and conditions set out in the Personal Data Privacy Statement which can be found at <http://www.nysi.org.sg/others/privacy>.

Participant's Name

Participant's Signature & Date

Section 4: Declaration & Consent

(A) For use by parents of participants below the age of 21

I, (Name, parent/guardian*) _____, (NRIC/FIN No.*) _____ give consent to and declare that my child/ward*, _____ (Name) _____ (NRIC/Fin No. *) is FIT/UNFIT* (due to present and/or past medical history) to participate in the above mentioned programme conducted by NYSI, its servants and organisers.

I am aware of the possible risks involved in connection with my child/ward's* participation in the programme and accept the same. I confirm that I am enrolling my child/ward* on my volition and I will not hold National Youth Sports Institute (NYSI) liable for any death, disability, permanent injury, loss of property or any loss arising from any cause whatsoever at any time during my participation in all activities related to the event.

**Delete as appropriate*



I have read, understood and accepted the Terms & Conditions stated above

Parent/Guardian's Name

Parent/Guardian's Signature & Date

(B) For use by participants above the age of 21

I, (Name, Participant) _____, (NRIC/FIN No.): _____ hereby agree to my participation in the event and declare that the particulars given above are true and correct to the best of my knowledge. I will not hold National Youth Sports Institute (NYSI) liable for any death, disability, permanent injury, loss of property or any loss arising from any cause whatsoever at any time during my participation in all activities related to the event.

I hereby represent that (i) I am in good health and in proper physical condition to participate in the activities; and (ii) I am not under the influence of alcohol or illicit or prescription drugs which would in any way impair my ability to safely participate in the activities.

I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the above mentioned programme.

**Delete as appropriate*

I have read, understood and accepted the Terms & Conditions stated above.

Participant's Name

Participant's Signature & Date



PAR Q Form (Physical Activity Readiness Questionnaire)

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: Tick YES or NO

	YES	NO
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>



Athlete Medical Background/Injury Profile

Please complete the form and return it to your child / ward's NSA by 06/06/2019.

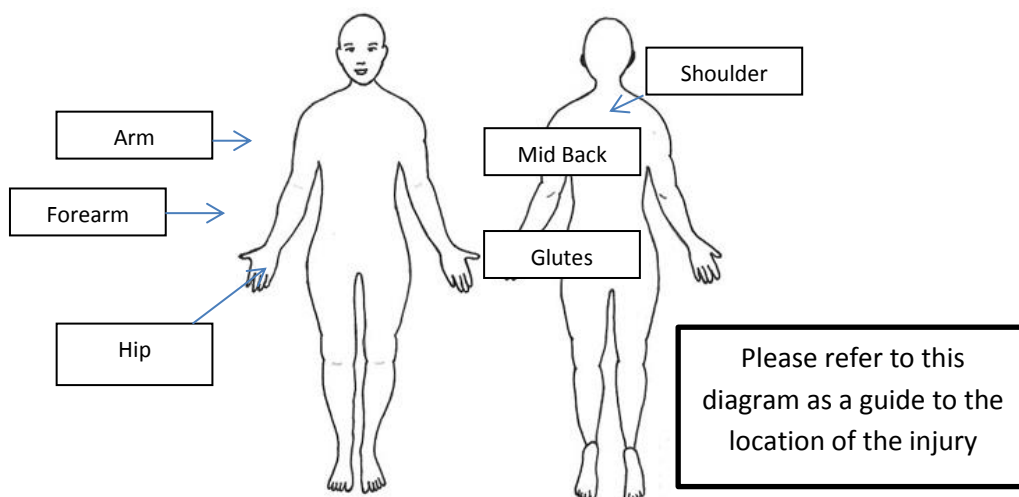
(Note: Information contained in this section will not prevent your child / ward from training unless further medical advice warrants exclusion)

Name:	Date of Birth:	NRIC:
Gender (Male/Female)	Sport:	School:

Medical Condition	Yes/No	Special Instructions to note (If yes, to be substantiated with medical information)
Epilepsy		
Periodic Loss of Consciousness		
Heart Condition		
Ear Disorder		
Respiratory Disorder e.g. Asthma		
Allergies e.g. medication, insect bites and stings		
Is your child / ward on regular medication?		
Has your child / ward been specifically told to modify his / her physical activity or exercise participation?		
Other relevant medical information		

Injury Profile Survey

This survey aims to understand and highlight the types of injuries that occur in your sport. Try to answer the questions as best as you can. It will only take about **2** minutes. All information will only be shared among NYSI staff and your coaches / managers.



Sprains refers to an injury to the ligaments (ankle sprain)

Strains refer to an injury to the muscles (hamstring strain etc.)

1. Are you <u>currently</u> injured? If NO, please proceed to Question 2							
If YES , please circle the area you have injured and what kind of injury is it? E.g. ankle, sprain.							
Location of Injuries	Shoulder	Arm	Elbow	Forearm	Wrist	Fingers	
	Gluts	Hip	Thighs	Knee	Shins	Calves	Ankle
	Head	Neck	Ribs	Mid Back	Lower Back	Pelvis	
Types of Injury	Sprain (ligaments)		Strain (Muscles)		Fracture (Bones)		Unsure
Others (Please State)							
1.1 Are you currently able to train? If not, please state how long have you not been training?							
1.2 What did you do after getting injured? If you saw a doctor/physiotherapist, please state what they did/have done for you?							
Doctor	Physiotherapists		Chinese Physicians		Self-treatment		Others (Please state)
Medication	Ice, heat pack, Ultrasound		Exercises		Massage		Acupuncture
Others (Please state)							
1.3 What do you think caused the current injury? Do you think it could have been avoided?							



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2. Did you suffer from any injury in the past 6 months? If NO, please proceed to Question 3. If YES, please circle the area that was injured and what kind of injury was it? E.g. ankle, sprain.

Location of Injuries	Shoulder	Arm		Elbow	Forearm	Wrist	Fingers	
	Gluts	Hip	Thighs	Knee	Shins	Calves	Ankle	Toes
	Head	Neck		Ribs	Mid Back	Lower Back	Pelvis	
Types of Injury	Sprain (Ligaments)		Strain (Muscles)	Fracture (Bones)	Unsure		Others (please state)	

2.1 Did you have to stop training? And if you did, please state how long were you out from training.

2.2 What did you do when you were injured? If you saw a doctor/physiotherapist, please circle what did they do for you? E.g. Doctor, medication.

Doctor	Physiotherapists	Chinese Physicians	Self-treatment	Others (Please state)	
Medication	Ice, heat pack, Ultrasound	Exercises	Massage	Acupuncture	Others (Please state)

2.3 What do you think caused the injury? Do you think it could have been avoided?

3. To your knowledge, what kinds of injuries do you think are common in your sports?

3.1 Do you think these injuries could have been prevented? What could be done to avoid these injuries?