

## Youth Leadership Camp 2019

10-13 August 2019 • Methodist Centennial Park • SibU

### PARTICIPANT REGISTRATION FORM

Name(full): \_\_\_\_\_ ICNo: \_\_\_\_\_  
Race: \_\_\_\_\_ Religion: \_\_\_\_\_ Sex: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
Age: \_\_\_\_\_ Contact No. \_\_\_\_\_ Email: \_\_\_\_\_  
Corresponding Address: \_\_\_\_\_  
School: \_\_\_\_\_ Form: \_\_\_\_\_  
Principal/Teacher-in-charge: \_\_\_\_\_ Stamp: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT'S/GUARDIAN'S CONSENT

I (full name) \_\_\_\_\_ (Father/Mother/Guardian) consent to allow \_\_\_\_\_ (Name of Participant, hereinafter "the said participant") to participate in the Youth Leadership Camp organized by Swan City Toastmasters Club, at **Methodist** Centennial Park, SibU, on 10 - 13 August 2019. I agree to relieve and indemnify the Organizing Committee of the Youth Leadership Camp for all liability whatsoever for any accident or injury incurred to the said participant or loss of any nature during the period of the camp.

Corresponding Address: \_\_\_\_\_

ContactNo.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent's/guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit your completed form before 17 July 2019 to your teacher-in-charge/principal or Dr Clement Chen's Specialist Clinic. Should you have any queries, please contact Dr Chen @ 084-335433 Fax: 084-348433 or Ms Lau Hieng Poh @ 019 858 8280