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MEMBERSHIP APPLICATION

QUEENSTOWN WATER POLO CLUB

QUEENSTOWN SWIMMING COMPLEX | 473 STIRLING ROAD | SINGAPORE 148948 | WWW.QUEENSTOWNWATERPOLO.COM | DOMINIC.SOH@QUEENSTOWNWATERPOLO.COM

ENROLMENT FEES

ONE-TIME MEMBERSHIP FEE	\$150
REGISTRATION WITH SINGAPORE WATER POLO (ANNUAL)	\$30
QUARTERLY SUBSCRIPTION	
18 years of age and under *age as of 1st Jan	\$360
19 years of age and above *age as of 1st Jan	\$240

Payable on 1st of every January, April, July and October to:
Queenstown Water Polo Club | DBS Bank | Bank Code: 7171 | Account #: 014-904615-6

ALL FEES PAID ARE NON-REFUNDABLE | MEMBERSHIP IS VOID IF SUBSCRIPTION FEES ARE NOT PAID FOR A QUARTER (3 MONTHS) | MEMBERSHIP FEES APPLY UPON RE-JOINING | ALL PLAYERS AGED 18 YEARS AND BELOW MUST BE REGISTERED WITH SINGAPORE WATER POLO. AN ANNUAL FEE OF \$30 WILL BE COLLECTED EVERY JANUARY UPON JOINING, PLAYERS ARE ENCOURAGED TO PURCHASE WATER POLO | BALL \$60 | SWIMWEAR - MALE \$60 - FEMALE \$100 | CLUB T-SHIRTS |

APPLICANT INFORMATION

FAMILY NAME:

GIVEN NAME:

NRIC/FIN:

NATIONALITY:

DATE OF BIRTH (DD/MM/YYYY):

GENDER: MALE | FEMALE

*PLEASE CIRCLE

CONTACT INFORMATION

EMERGENCY CONTACT

ADDRESS:

FAMILY NAME:

GIVEN NAME:

POSTAL CODE:

RELATIONSHIP:

CITY: SINGAPORE

CONTACT NO.:

COUNTRY: SINGAPORE

PARENT NAME:

FOR APPLICANTS BELOW 18 YEARS OF AGE

EMAIL:

CONTACT NO.

FOR APPLICANTS BELOW 18 YEARS OF AGE

CONTACT NO.:

EMAIL:

FOR APPLICANTS BELOW 18 YEARS OF AGE

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

YES | NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | DO YOU HAVE HEART TROUBLE? |
| <input type="checkbox"/> | <input type="checkbox"/> | DO YOU EXPERIENCE PAINS IN YOUR HEART AND CHEST? |
| <input type="checkbox"/> | <input type="checkbox"/> | DO YOU SOMETIMES FEEL FAINT OR EXPERIENCE SPELLS OF SEVERE DIZZINESS? |
| <input type="checkbox"/> | <input type="checkbox"/> | DO YOU SUFFER FROM HIGH BLOOD PRESSURE? |
| <input type="checkbox"/> | <input type="checkbox"/> | HAS YOUR DOCTOR EVER TOLD YOU THAT YOU HAVE A BONE OR JOINT PROBLEM SUCH AS ARTHRITIS, THAT HAS BEEN OR WILL BE AGGRAVATED WITH EXERCISE? |
| <input type="checkbox"/> | <input type="checkbox"/> | ARE YOU OVER 65 YEARS YOUNG AND NOT ACCUSTOMED TO VIGOROUS EXERCISE? |

IF YOU HAVE ANSWERED YES TO ANY OF THESE QUESTIONS, YOU SHOULD CONSULT YOUR PHYSICIAN AND OBTAIN A CERTIFICATE OF FITNESS BEFORE PARTICIPATING IN OUR WATER POLO PROGRAM.



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DISCLAIMER

There is a potential risk of injury involved in training and participating in the sport of water polo. Queenstown Water Polo Club (QWPC) and its member clubs have given their utmost best in ensuring a safe and controlled environment for participation. QWPC has established rules for participation and conduct on and about the playing area that should be followed. Some hazards which may lead to catastrophic situations are; slips on the pool deck or surrounding area, chlorine leaks, ball injuries and personal body contact injuries, etc. By signing this document, I hereby agree to and will abide by all QWPC policies.

All membership applications are subject to the approval of the club's management, which reserves the right to accept or reject any application without the assignation of any reason whatsoever.

SIGNATURES

FULL AND IRREVOCABLE RELEASE

In participating in the activities of Queenstown Water Polo Club (QWPC), I understand that there is a potential risk of injury. I _____ (print legibly), therefore, for myself, my heirs and assigns, as a participant in the activities of QWPC, hereby forever irrevocably release the organisers, executives, officials, lifeguards, volunteers, coaches and stakeholders of QWPC from any legal liability due to personal injury, however caused, or loss or damage to personal property, however caused, while on the premises of any facility used by QWPC.

I understand that the various swimming exercises and drills used in swim practice are not recommended for individuals who have potential medical problems unless under direct medical supervision. I am physically capable in participating in the QWPC practices and programs.

I HEREBY SIGN THIS RELEASE KNOWING IT TO BE A LEGAL DOCUMENT AND OF LEGAL FORCE AND EFFECT AND AGREE THAT THIS RELEASE IS A CONDITION OF PARTICIPATION IN THE ACTIVITIES OF QUEENSTOWN WATER POLO CLUB.

SIGNATURE OF APPLICANT / DATE

SIGNATURE OF PARENT / DATE

FOR APPLICANTS BELOW 18 YEARS OF AGE

FOR OFFICIAL USE

APPLICATION STATUS: ACCEPTED | REJECTED | PENDING

MEMBERSHIP TYPE: SENIOR | JUNIOR

MEMBERSHIP NO.:

PROCESSED DATE:

EFFECTIVE DATE:

PAYMENT MODE: CASH | CHEQUE | TELEGRAPHIC TRANSFER

FEE RECEIVED: \$

SIGNATURE & DATE: