

REGISTRATION FORM

For Official Use Only:
(Confirmation to be indicated by Assessor/s after the Initial Assessment)

Specialised Rehabilitation Program (SRP)

NEXT Step (NS)

Others (Please specify)

Photograph
(compulsory)

(A) PERSONAL PARTICULARS :

Name : NRIC No.:

Address :
.....

Telephone (H/O) :Telephone (HP) :

Email Address :

Date of Birth : Age : Gender :

Race : Citizenship : Marital Status :

Language Spoken : Religion :

(B) PARTICULARS OF CAREGIVER (applicable for SRP & NS)

Name : Relationship:

Telephone (H/O) :Telephone (HP) :

Email Address :

Address (if different from Applicant's) :
.....

(C) RULES AND REGULATIONS :

1. All fees payable for Specialised Rehabilitation Programme and Next Step are inclusive of GST. Prompt payment of fees due can be made via cash or cheque made payable to 'Singapore Cancer Society'.
2. All fees paid are strictly non-refundable under any circumstances.
3. All fees must be paid in full i.e. no partial payment is allowed.
4. No one shall remove any property of Singapore Cancer Society Rehabilitation Centre (SCSRC) or permit such property to be taken away from SCSRC premises unless written permission is granted by Head of SCSRC.
5. If any participant shall be injured or suffer an accident on the premises of SCSRC, the following shall apply :
 - a. If the person is an adult and is conscious, he / she will be expected to indicate where he /she wishes to go for medical attention.
 - b. If the person concerned is a minor or unconscious, any adult member of his family who is with him / her will be expected to indicate where the injured person should go for medical attention failing which any SCS staff member will endeavour to contact the telephone reference given in this Registration Form. If no contact can be made or if the information is not available in the said Form, SCS staff will use his / her discretion in providing for medical treatment on an emergency basis and this treatment will be chargeable to the injured person.
6. Neither the SCS staff nor SCS volunteers shall be liable to any participant for any loss of and /or damage to any property due to and / or arising out of any cause whatsoever whilst entering into, being upon, or leaving SCSRC premises nor for any death or injury sustained from whatsoever cause by participant whilst entering into, being upon, or leaving SCSRC premises.
7. In order for all to enjoy a clean, pleasant and green environment within SCSRC, all users of the Centre premises must keep the place tidy and clean at all times and adhere to the guidelines of SCSRC Waste Management System. SCSRC is housed within a Green Mark Platinum class building (JEM Office Tower) and is required to abide by Green Mark Gold Plus standards at all times.

(D) CONSENT AND DECLARATION :
(Please tick the box that is applicable to you)

Media and Publicity

- a. By entering into any premises of Singapore Cancer Society (SCS), photographs of activity with participants' presence could be taken during any of the sessions.
- b. SCS is authorised to use any of these photographs with or without your name for any lawful purpose including, though not exhausted, for purposes such as publicity, illustration and web content.

- I agree to be featured in SCS publicity**
- I do not wish to be featured in SCS publicity.**

Personal Data Protection Act (PDPA)

I consent to allow Singapore Cancer Society ("SCS") to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with SCS as a member, volunteer, programme participant, beneficiary and/or donor ("Purpose"), including communications on SCS' activities, programs and services; donation requests; carrying out research, analysis and development activities for SCS' purposes; and making disclosures required by law or a competent authority. SCS may, for the above Purpose, disclose my personal data to its third party service providers and/or agents, which may be sited outside of Singapore (subject always to requirements under applicable law having been met).

If you wish to receive communications on SCS' activities, programs and services via phone call and/or text message to a phone number or numbers that you have provided to SCS, please **TICK** the relevant box(es):

- Text Message
- Phone Call

In any event, you agree that SCS may send communications on its activities, programs and services to you via email and/or post.

If you do not wish to receive such communications via email and/or post, or if you wish to make changes to consent previously given, you understand that you may opt-out by writing to the "SCS Data Protection Officer" at "Singapore Cancer Society, 15 Enggor Street, #04-01, Realty Centre, Singapore 079716" or to the following email address dataprotection@singaporecancersociety.org.sg .

For Specialised Rehabilitation Programme Client / Next Step Member only

I, _____ (name of client) of Identity Card number

_____, have voluntarily enrolled in **Specialised Rehabilitation Programme / Next Step** (delete where applicable) offered to me through the Singapore Cancer Society Rehabilitation Centre (**SCSRC**) (“the Fitness Programme”). I recognize that the Fitness Programme may involve strenuous physical activities including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities.

I hereby affirm that I do not suffer from any known disability or condition which would prevent or limit my participation in the Fitness Programme. I have been advised to obtain an examination by a physician prior to commencing the Fitness Programme, or initiating a substantial change in the amount of physical activity(ies) performed. I understand that it is my sole responsibility to participate in exercises that are appropriate for the current status of my health. If I have any questions or concerns about whether or not a particular activity is appropriate for my current health status, I understand it is my responsibility to ask my doctor if this activity is appropriate before I participate in such activity.

I understand that any exercise or fitness activity involves a risk of:-

- (a) injury, including abnormal changes in blood pressure, fainting, heart attack or stroke;
- (b) serious disability;
- (c) death; or
- (d) loss or damage to personal property.

I accept such risks and volunteer to participate with full understanding of the dangers involved. In consideration of my participation in this programme, I hereby waive and release SCSRC, the Singapore Cancer Society (**SCS**) its successors, assigns, officers, employees, representatives, agents, volunteers, instructors, members or servants from any and all claims, costs, liability and expense for any injury, loss, death or damage howsoever caused and whether known, anticipated or unanticipated arising from my voluntary participation and enrolment to the fullest extent permitted by law.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND IT. I UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN RIGHTS I OR MY SUCCESSORS MIGHT HAVE TO BRING LEGAL ACTION OR ASSERT A CLAIM AGAINST THE SINGAPORE CANCER SOCIETY REHABILITATION CENTRE, SINGAPORE CANCER SOCIETY, ITS SUCCESSORS, ASSIGNS, OFFICERS, EMPLOYEES, REPRESENTATIVES, AGENTS, VOLUNTEERS, INSTRUCTORS, MEMBERS OR SERVANTS.

I DECLARE THAT THE PARTICULARS AND INFORMATION PROVIDED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY BELIEF AND KNOWLEDGE, AND THAT I HAVE NOT WILFULLY SUPPRESSED ANY MATERIAL FACT.

.....
Signature of Applicant

.....
Date

.....
Name of Applicant

Completed form to be submitted either via Post / Fax / Email to :

Singapore Cancer Society Rehabilitation Centre

52 Jurong Gateway Road
#08-04, JEM Office Tower
Singapore 608550

Tel : 6661 0590
Fax : 6570 2746

Email : rehab@singaporecancersociety.org.sg
Website : www.singaporecancersociety.org.sg

Operating Hours

Monday to Friday: 9.00am to 6.00pm Saturday: 9.00am to 1.00pm

Closed on Sundays and Public Holidays

FOR OFFICIAL USE ONLY:

(To be completed upon fee collection / approval of fee waiver)

Membership Period:

Commencement Date: _____ Receipt No.: _____

Completion Date : _____ Waiver Date: _____
(if applicable)

Staff I/C (name / designation): _____