

2016 Summer Camps @ GESS

Registration Form (ages 6-12)

Please tick only one Camp for each week. Students can register for more than one week.		
<p style="text-align: center;">4th – 8th July 2016</p> <p><input type="checkbox"/> SPORTS CAMP (0900 – 1200 hrs.) <input type="checkbox"/> Football or <input type="checkbox"/> World of Sports</p> <p><input type="checkbox"/> CAMP HULK – <i>Sports & Dr. Droid</i> (0900– 1430 hr) <input type="checkbox"/> Football or <input type="checkbox"/> World of Sports</p> <p><input type="checkbox"/> WHIZZ KIDZ CAMP – <i>Camp Cobra & Dr. Droid</i> (0900 – 1430 hrs.)</p>	<p style="text-align: center;">11th – 15th July 2016</p> <p><input type="checkbox"/> WHIZZ KIDZ CAMP – <i>Camp Cobra & Dr. Droid</i> (0900 – 1430 hrs.)</p>	
<p style="text-align: center;">1st – 5th August 2016</p> <p><input type="checkbox"/> SPORTS CAMP (0900 – 1200 hrs.) <input type="checkbox"/> Football or <input type="checkbox"/> World of Sports</p> <p><input type="checkbox"/> CAMP HULK – <i>Sports & Dr. Droid</i> (0900– 1430 hr) <input type="checkbox"/> Football or <input type="checkbox"/> World of Sports</p> <p><input type="checkbox"/> WHIZZ KIDZ CAMP – <i>Camp Cobra & Dr. Droid</i> (0900 – 1430 hrs.)</p>	<p style="text-align: center;">8th – 12th August 2016</p> <p><input type="checkbox"/> SPORTS CAMP (0900 – 1200 hrs.) <input type="checkbox"/> Football or <input type="checkbox"/> World of Sports</p> <p><input type="checkbox"/> CAMP HULK – <i>Sports & Dr. Droid</i> (0900– 1430 hr) <input type="checkbox"/> Football or <input type="checkbox"/> World of Sports</p> <p><input type="checkbox"/> WHIZZ KIDZ CAMP – <i>Camp Cobra & Dr. Droid</i> (0900 – 1430 hrs.)</p>	
<p><i>Cash to be handed directly to APSM staff member, or cheque made payable to 'APSM Sportshub Pte Ltd'</i> <i>Please write participant name(s) on back of cheque.</i></p>		
PARTICIPANT NAME:		M <input type="checkbox"/> / F <input type="checkbox"/>
SCHOOL:		AGE:
MEDICAL CONDITIONS/MEDICATION/ ALLERGIES:		
PARENT/GUARDIAN NAME(S):		
EMAIL(S):		
TEL NO. (HOME):	TEL NO. (WORK):	
TEL NO. (MOBILE 1):	TEL NO. (MOBILE 2):	
ADDRESS:		
BANK NAME:	CHEQUE NUMBER:	TOTAL AMOUNT:
COMMENTS:		
<p>◇ I hereby confirm that I will not hold "APSM Sportshub Pte Ltd 'or ' Whizz Kidz Pte Ltd ' or any of its staff responsible for any injury sustained by my child whilst participating in the programmes mentioned above.</p>		
SIGNATURE		DATE:
<p>APSM Contact – Ulli Niedermeyer – 9127 8732 / ulli.apsm@gmail.com / www.apsm.com.sg Whizz Kidz Contact – Mr Aaqib Alvi – 8339 0549 / bizdev@whizzkidz.com.sg / www.whizzkidz.com.sg</p>		

Organized by:



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