



# Singapore Space and Technology Association

318 Tanglin Road, Phoenix Park, #01-37 Singapore 247979

Tel: (65) 6735 7995 www.space.org.sg Co.Reg.No.: T07SS0060G



## **Space Academy Singapore – 1-Day Space Camp\***

**Date: 2 December 2017**

**Time: 8.45am – 5.00pm**

**Venue: Singapore Science Centre**

\*Minimum 50 paxs or 25 pairs for the programme to be confirmed

### Participant Particulars (Participant to be accompanied by a parent)

Participant's Full name (Boy)	:	_____
NRIC	:	_____
Mobile Number	:	_____
Gender	:	_____
Date of Birth & Age (This year)	:	_____
Nationality	:	_____
Name of School (Class)	:	_____
Dietary Restriction (Parent/Boy)	:	_____
Height (cm) (Parent/Boy)	:	_____
Waist (inch) (Parent/Boy)	:	_____

### Parent Particulars

Parent's Name	:	_____
Relationship	:	_____
Occupation	:	_____
Mobile Number	:	_____
Email Address	:	_____
Mailing Address	:	_____
Home Number	:	_____
Office Number	:	_____
Do we contact this person in case of emergency?	:	Yes / No (If no, please fill in the Emergency Contact details below)

### Emergency Contact

Name of person	:	_____
Relationship	:	_____
Mobile Number	:	_____
Home Number	:	_____
Office Number	:	_____



## SPACE ACADEMY SINGAPORE

### Parental Consent form

*This form must be completed and signed by a parent or guardian.*

I, \_\_\_\_\_, the Parent of \_\_\_\_\_  
(Full Name in BLOCK Letters) (Full Name of Participant in BLOCK Letters)

Hereby give my consent to his/her participation in the Space Academy Singapore,

from \_\_\_\_\_ to \_\_\_\_\_,  
(dd/mm/yyyy) (dd/mm/yyyy)

organized by the Singapore Space and Technology Association (SSTA).

I accept responsibility for the attendance of the said participant in the academy, and all activities in connection therewith, conducted under the auspices of the SSTA.

I request that said participant be permitted to participate in said academy, having been fully and completely informed and advised regarding the nature and purpose of said academy and the activities conducted there under. It is my full and free decision to allow said participant to participate.

I certify that said participant is in good health, and hereby authorize the directors of the program to act for me, according to their best judgement, in any emergency requiring medical attention.

I also understand that the program director/staff has the right to send said participant home without refund for damages, inappropriate activities, or misconduct, and I may be billed for damages to property, or other replacement costs resulting from theft or damage to property.

I agree to allow photographs, videos and interview of said participant taken by SSTA photographers/videographers and/or program director/staff during the course of the academy to be used as program publicity, including display boards, booklets, and brochures.

The Board of SSTA, or anyone connected with the academy will not be liable for any responsibility for accidents, medical, dental, or any other expenses incurred as a result of accidents while in attendance or participation in the academy.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date



## Payment Terms And Conditions

- The program fee is S\$ 250/- nett (including course material) per pax. Total for parent & child pair is S\$ 500/- nett (including course materials).
- Payment must be received at least 4 weeks before the program start and to confirm the participant's place.
- Due to the extensive coordination and long planning time required for every program, we seek your understanding that SSTA enforces the following penalty on withdrawals:

Time of Withdrawal	Penalty
Less than 2 weeks before program start date	No refund
2 to 4 weeks before program start date	20% refund
4 to 6 weeks before program start date	50% refund

- If SSTA decides not to proceed with the program, you will receive a full refund by cheque. Participants will be informed at least two (2) weeks before the Program start date.
- Program highlights are subject to change at the organiser's discretion
- **Payment Method**
  1. Please drop registration form together with cheque payment to ACSJ General Office "Adventure Club" box, parental consent form and cheque payable to "Singapore Space and Technology Association"

**Please write the participant's full name on the Cheque or in the Bank Transfer Notes**

### Contact Person for the Event:

**Jermaine Tan**

**[Jermaine.tan@space.org.sg](mailto:Jermaine.tan@space.org.sg)**

**Mobile: +6598589497**