



OUTWARD BOUND SINGAPORE

COURSE REGISTRATION FORM

Leadership & Service Award Application
Medical Self - Declaration

Important notes:

- ☐ This form has a total of six pages and will take less than 10 minutes to complete.
- ☐ Complete all sections of this form in blue or black ink only, except Part 6. Where required, **circle** the applicable option.
- ☐ The Outward Bound Singapore (OBS) reserves the right to refuse participation in the above mentioned course if it is found that information given is not accurate.

FOR INTERNAL USE ONLY					
Accepted into Course:	YES	NO	Instructor's Signature:		
Remarks:				For Selected Programmes Only: Participation Level	
				O	P-L
				P-M	P-H
				F	
Verification by MS&T:			Date:		

PART 1: APPLICANT'S PERSONAL INFORMATION					
Course Date From:			To		
Name of School / Organisation:			Class:		
Name: (as it appears in your Birth Certificate / NRIC)					
NRIC Number:					
Nationality:	Singaporean / Singapore PR / Others (please state):				
Date of Birth (dd/mm/yy):		Age:		Gender:	Male / Female
Race:	Chinese / Malay / Indian / Eurasian / Others (please state):				
Home Address:					
Contact Number(s):	(home)		(mobile)		
Email:					
Part 1a: For Overseas Courses Only (Please submit 2 passport copies together with your completed registration form)					
Passport Number:		Passport Expiry: (dd/mm/yy)		Place of Issue: (Passport)	

PART 2: EMERGENCY CONTACT INFORMATION	
Name of Contact Person:	Relationship:
Contact number (Mobile)	(Home)

PART 3: APPLICANT'S MEDICAL CONDITION/HISTORY			
<ul style="list-style-type: none"> The provision of medical information should be done within three months from the course's start date. Refer to page 5 before completing this section, use the applicant's health booklet to assist you if required. If the answer is 'YES' to the listed conditions, provide details in Part 5 and attach physician memo if applicable. 			
Name of Applicant:			
Height & Weight of Applicant:		cm	kg
		Body Mass Index (BMI):	
Do you have / require :			Yes (Y) / No (N)
3a.	Breathing problems within the last 12 months e.g. exercise-induced asthma / bronchitis / tuberculosis / sinusitis?		Y / N
3b.	Heart problems or chest pains e.g. heart murmur / extra heartbeat / mitral valve prolapse?		Y / N
3c.	Blood disorder e.g. thalassaemia major / anaemia?		Y / N
3d.	Epilepsy, fits, fainting spells or severe head injury within the last 36 months?		Y / N
3e.	Dizziness / impaired balance / nerve related conditions?		Y / N
3f.	Bone / joint / tendon injuries e.g. dislocation / fracture / slip disc within the last 6 months?		Y / N
3g.	On long-term medication?		Y / N
3h.	A carrier status for any infectious disease? Specify if contagious via: **air / blood / contact		Y / N
3i.	Any form of physical disability / impaired movement? E.g. Eye-sight such as cataract / glaucoma / retinal detachment / hearing difficulty / require hearing-aid / speech problems?		Y / N
3j.	Any other medical information of note e.g. physician memo (please attach)		Y / N
3k.	Currently being seen by or on follow-up review with a physician for behavioural or psychological condition e.g. ADHD / ASD / OCD / anxiety / depression / eating disorders? Considerable attention is needed to understand and execute safety instructions. State any precautionary measures that should be taken when you participate in outdoor activities.		Y / N
3l.	Allergic reaction to any allergen in Environment / Medicine / Food ? e.g. insect bites / sea water / heat / prawns / shellfish / peanuts / tree-nuts /soy / beans / wheat / fresh milk or others, specify details including tolerance to traces of allergen.		Y / N
3m.	Required emergency medical services or hospitalised for allergic reaction(s)?		Y / N
3n.	Require special diet requirements e.g. vegetarian / G6PD / lactose intolerant? If Yes, specify restriction(s) _____		Y / N

PART 4: TETANUS IMMUNISATION

- Tetanus is a disease caused by the bacteria, *Clostridium tetani*, which is commonly found in soil, dust and contaminated objects. The bacteria can enter the body through cuts and scrapes, tears or splits in the skin, puncture wounds, burns, animal bites and eye injuries.
- Tetanus is a preventable disease associated with a high fatality rate. The treatment of tetanus is difficult and requires specialized, intensive care.
- Tetanus vaccination is an easily accessible and effective risk management strategy to prevent tetanus infection especially in the outdoors.
- Tetanus vaccination is included under the Singapore National Childhood Immunisation Programme.
- You are at significantly higher risk of tetanus infection if you have never been vaccinated or if your tetanus vaccination has lapsed its validity period. It is **compulsory** that you get a tetanus vaccination prior to participation in your course.
- If you have a valid tetanus vaccination, please state the date of vaccination below:

Date of tetanus immunisation (mm / yy) :

PART 5: FURTHER INFORMATION ON APPLICANT'S MEDICAL CONDITION

- ☐ Provide information on the condition, where applicable, details of factor(s) leading to trigger, progress of treatment, medical routine and side effects.
- ☐ Specify precautionary measures to be taken, consider the environment of the course and if condition affects ability to:
 - Engage in strenuous activities e.g. running, climbing, trekking with heavy load, camping?
 - Pay attention, understand and execute safety instructions?

TO BE COMPLETED BY PHYSICIAN ONLY

PART 6: RECOMMENDATION OF FITNESS TO ATTEND OUTWARD BOUND SINGAPORE
COURSE Part 3, 5 and 6 are only valid for three months from date of certification.

I, the undersigned, have examined the applicant named below and recommend him / her as follows:

Name of Applicant:	isFIT /UNFIT (please tick) to participate in the OUTWARD BOUND programme and activities.		
Remarks:			
Name of Physician:		MCR No:	
Name & Address of Clinic:		Contact Number:	
Signature:		Date:	

**PART 7: ACKNOWLEDGEMENT
(TO BE COMPLETED BY APPLICANT 18 YEARS OLD AND ABOVE
OR BY PARENT / GUARDIAN FOR APPLICANT BELOW 18 YEARS OLD)**

Medical / Information Declaration

I declare and confirm that all the information provided is complete, true and accurate to the best of my knowledge and there is no undisclosed information. I will promptly inform OBS of any change in any of the information provided. I understand that OBS reserves the right to make the final admission decision based on the Course Registration Form, course intensity and other operational considerations. I understand that if the information provided is incomplete, untrue or incorrect, OBS reserves the right to reject or withdraw the approval of this registration at any time. I further give permission for any medical treatment deemed necessary to maintain the applicant's wellbeing.

Acknowledgement of Risk

- 1 I, the undersigned, **consent** to the Applicant's participation in the Outward Bound® course as detailed above ("the Course").
- 2 I declare and confirm that I have read and fully understood all the parts in this Course Registration Form. I understand and accept that participation in the Course is strictly voluntary, and that it involves certain risks, including risks arising from the nature of the Course. Accordingly, I agree that the Applicant will have to:
 - (a) inform OBS in advance if he/she does not wish to participate in the Course;
 - (b) cooperate fully with OBS and diligently comply with their instructions and all procedures including but not limited to safety systems and processes;
 - (c) inform OBS if he/she feels unwell at any time during the Course; and
 - (d) withdraw from the Course if he/she poses any danger to himself/herself and/or others, as determined at the sole discretion of OBS.

Consent for Collection, Use and/or Disclosure of Personal Data

I consent to the applicant receiving:

from OBS, communications on programmes and/or events in connection with the OBS Alumni Network (e.g. community service opportunities, skills development workshops and alumni benefits).

from the National Youth Council and/or its affiliated organisations, communications on programmes, courses, events and/or services provided by the National Youth Council and/or its affiliated organisations.

The preferred mode of communication is via: Mobile SMS Email Mailer/Letter

I understand and agree that:

- All personal information will be used solely for course administrative purposes unless consent is provided above.
- Photographs and/or videos may be taken during the OBS programme for publicity and marketing purposes.

ACKNOWLEDGEMENT FROM APPLICANT 18 YEARS OLD AND ABOVE

Name of Applicant:			
Signature:		Date:	

ACKNOWLEDGEMENT FROM PARENT / GUARDIAN FOR APPLICANT BELOW 18 YEARS OLD

Name of Applicant:			
Name of Parent / Guardian:			
NRIC Number of Parent / Guardian:			
Signature:		Date:	

OUTWARD BOUND SINGAPORE NOTE FOR THE PHYSICIAN

The applicant wishes to attend an adventure education course in OBS.
Please refer to the notes below when considering the applicant's suitability to attend an OBS course.

An Outward Bound course is an outdoor experiential learning experience. Outdoor adventure learning is important to develop youths who are confident about taking on challenges that push their limits, are resilient and able to work closely together. OBS programmes facilitate self-discovery, social awareness, confidence, team communication skills and responsible decision-making. Just as importantly, they teach responsibility for the environment and inspire participants to play a role in the community after an OBS course.

The participants will be exposed to physical, mental, social and emotional challenges that are intended to build physical ruggedness and mental resilience. The experience is set in a rugged, outdoor environment, and comprises land- and sea-based components such as kayaking in the sea, trekking with load on uneven terrain, high ropes courses which require use of limbs to climb to heights, traverse up to 10m above ground and camping outdoors in tents. These activities may be conducted over a stretch of six to eight hours in all weather conditions.

A typical group consists of one instructor for every 12 ~ 16 participants from diverse backgrounds. Besides physical challenges, courses often create intense emotional experiences. Participants may find themselves confronting personal fears or self-imposed limits while adjusting to a newly formed group, unfamiliar environment and changes from their normal routine.

Instructors are proficient in outdoor skills and trained in Wilderness First Aid. In the event where more medical care is required, OBS has a medical centre staffed by Outdoor Nurse Practitioners (ONP) who are Registered Nurses. The ONP will provide further assessment and treatment to stabilise condition. If necessary, participants will be referred to mainland medical facilities, such as the polyclinics, for medical doctor's assessment. Should there be a need for emergency evacuation, the full evacuation process could take more than two hours, depending on the location of the patient, weather and other factors beyond our control.

The safety of our participants is our highest priority. It is important that a full and accurate disclosure of the individual's medical condition is provided to OBS for us to make a sound assessment. This will allow our participants to have a safe and meaningful Outward Bound experience.

To facilitate the assessment, complete the following parts in the **Course Registration Form**:

- ☐ Part 3: 'Applicant's Medical Condition/History' (Pg 2)
- ☐ Part 5: 'Further Information on Applicant's Medical Condition (Pg 3)
- ☐ Part 6: 'Recommendation of Fitness to attend Outward Bound Singapore course' (Pg 3)

Recommendation of fitness should be based on your assessment of the applicant's ability to participate in an OBS course. All information provided will be treated with strict confidentiality.

Applicants with any of the following condition(s) will not be able to participate in the programme:	
1	Exercise-induced asthma
2	Haemoglobin count below 11gm % – resulting in fainting, fatigue e.g. iron deficiency, Thalassaemia Major / severe Anaemia
3	Severe obesity – Body Mass Index (BMI) above 35 due to obesity
4	Epilepsy / fits / seizures – Any attack within the last 3 years
5	Unavoidable allergens resulting in severe allergic reactions requiring emergency medical attention / hospital care – Food / Medication / Environment e.g. traces of allergen or bites
6	Severe Behavioural and/or Psychological conditions e.g. Attention Deficit Hyperactivity Disorder (ADHD) / Autism Spectrum Disorder (ASD)
7	Any condition requiring administration of injections (by self or with help) or medical equipment support – Eg. Insulin, Epipen
8	Any conditions that may impair movement and implicate safety to self or others during the programme
For further clarification or inquiries, please contact: Medical Services & Training Outward Bound Singapore Tel: 6540 0136	

Medical Services & Training Continuation Sheet (FOR INTERNAL USE ONLY)		
Name of Applicant:		
Date/ Time	Notes	Recorded by

PART 8: PREVIOUS LEADERSHIP EXPERIENCE IN SCHOOL / ORGANISATION AND CO-CURRICULAR ACTIVITY (Please attach relevant testimonials, references and/or any other supporting documents)		
Year (DD/MM/YYYY) From most recent to the most dated	Position Held	Roles and Responsibilities

PART 9: PREVIOUS COMMUNITY SERVICE EXPERIENCE IN SCHOOL / ORGANISATION AND CO-CURRICULAR ACTIVITY (Please attach relevant testimonials, references and/or any other supporting documents)		
Year (DD/MM/YYYY) From most recent to the most dated	Position Held	Roles and Responsibilities