



# OUTWARD BOUND SINGAPORE

## COURSE REGISTRATION FORM Leadership & Service Award Application

### Important notes:

- This Form has a total of five pages and should take less than 10 minutes to complete.
- Complete all sections of this Form in blue or black ink only. Where required, **circle** the applicable option.
- Comprehensive information will allow for accurate assessment of the Applicant's participation readiness in the Outward Bound Singapore (OBS) Course.

For Internal Use Only					
Accepted into OBS Course:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Instructor's Signature:		
Remarks:				For Selected Course Only: Participation Level	
				O	P-L
Enrolled by:			Date:		

Part 1: Applicant's Personal Information			
OBS Course Date(s)	From:	To:	
Name of School / Organisation:		Class / Designation:	
Name: (as it appears in your Personal Identification Document)			
Personal Identification Number: (Birth Cert / NRIC / FIN)		Gender:	Male / Female
Date of Birth:	<i>dd / mm / yy</i>	Age:	
Nationality:	Singaporean / Singapore PR / Others (please state):		
Race:	Chinese / Malay / Indian / Eurasian / Others (please state):		
Home Address:	Singapore ( )		
Contact Number(s):	(Home)	(Mobile)	
Email:			

### Part 1a: Travel Document Information

Applicable only for course with overseas travel.  
Submit 2 passport copies together with completed Course Registration Form.

Passport Number:		Passport Expiry Date:		Place of Issue:	
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### Part 2: Emergency Contact Information

Name of Contact Person:		Relation to Applicant:	
Contact Number(s):	(Primary Contact)	(Alternate Contact)	

Part 3: Applicant's Health Information		
Completed by Applicant 18 Years Old and Above Or Parent / Guardian of Applicant Below 18 Years Old		
<ul style="list-style-type: none"> <li>Health information and verification must be recent for accurate assessment. Please ensure the information provided is obtained no more than <b>three months</b> before the start date of the Course</li> <li>A medical practitioner ("physician") refers to a medical practitioner registered under the Medical Registration Act (Chapter 174)</li> <li><b>Circle</b> the applicable option or condition and provide more details in Part 5 if the answer is "Yes"</li> </ul>		
Name of Applicant:		
Height & Weight of Applicant:	m	kg
	Body Mass Index (BMI):	
Calculating Body Mass Index (BMI) = weight (kg) / height <sup>2</sup> (m <sup>2</sup> )		
<b>Diagnosed Medical Condition</b> Additional report(s) may be required depending on the information provided, furnish as much information relating to each condition to facilitate the assessment, attach additional notes if required.		
3a.	Breathing problems within the last 12 months, e.g. exercise induced asthma	Yes / No
3b.	Heart problems, e.g. angina / heart murmur / extra heartbeat / mitral valve prolapse	Yes / No
3c.	Blood disorder, e.g. thalassaemia major / anaemia	Yes / No
3d.	Epilepsy, fits or severe head injury within the last 24 months	Yes / No
3e.	Nerve related conditions	Yes / No
3f.	Bone / joint / tendon injuries, e.g. dislocation / fracture / slip disc, within the last 6 months	Yes / No
3g.	Currently on prescribed medication, specify medication: _____	Yes / No
3h.	A carrier status for any infectious disease, specify if contagious via: <b>air / blood / contact</b>	Yes / No
3i.	Sleep walking within the last 12 months	Yes / No
3j.	Any form of physical disability / impaired movement, e.g. eye conditions such as cataract, glaucoma, retinal detachment / hearing difficulty, require hearing-aid / speech problems	Yes / No
3k.	Other than the diagnosed condition(s), did Applicant have any recent or past medical condition, illness, disease or physical impairment that could affect his/her ability to engage in strenuous activities, e.g. running, climbing, trekking with heavy load, camping?	Yes / No
<b>Behavioural and/or Psychological Condition</b>		
3l.	<b>Currently</b> being seen by or on follow-up review with a physician for <b>behavioural</b> or <b>psychological</b> condition, e.g. ADHD / ADD / ASD / OCD / eating disorders / anxiety / depression condition	Yes / No

Allergy Reaction From:		
3m.	<b>Medication:</b> Specify name and type of medication: _____	Yes / No
3n.	<b>Environment:</b> Specify, e.g. Insect bites / grass / sea water / heat / pollen or others: _____	Yes / No
3o.	<b>Food:</b> Specify, e.g. fish / prawns / shellfish / peanuts / tree-nuts / soy / creamer / fresh milk or others: _____  <b>Note:</b> OBS works with food suppliers that process different types of food within the same facilities. Exposure to small amount of the types of food mentioned above is highly probable.	Yes / No
3p.	Will exposure to small amount of the above allergen mentioned from (3m) to (3o) trigger an allergic reaction requiring medication?	Yes / No
Special Dietary Requirement:		
3q.	Require special diet requirement, e.g. vegetarian / G6PD / lactose intolerant If Yes, specify restriction(s) _____	Yes / No
Part 4: Tetanus Immunisation		
<ul style="list-style-type: none"> <li>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 tears or splits in the skin, burns and eye injuries.</li> <li>Tetanus is a preventable disease associated with a high fatality rate. The treatment of tetanus is difficult and requires specialized, intensive care.</li> <li>Tetanus vaccination is an easily accessible and effective risk management strategy to prevent tetanus infection especially in the outdoors.</li> <li>Tetanus vaccination is included under the Singapore National Childhood Immunisation Programme.</li> <li>Applicants are at significantly higher risk of tetanus infection if they have never been vaccinated or if the validity period of their tetanus vaccination has lapsed. Tetanus vaccination has a validity of 10 years and is <b>compulsory</b> for Applicants' participation in the Course.</li> <li>If Applicant has a valid tetanus vaccination, please state the date of vaccination below:</li> </ul>		
<b>Date of tetanus immunisation:</b>		mm / yy
Part 5: Further Information on Applicant's Medical Condition or History		
<ul style="list-style-type: none"> <li>Provide information on the condition / type of injury, e.g. when and how it occurred, details of factor(s) leading to trigger, progress of treatment / recovery, medical routine and side effect(s).</li> <li>Specify precautionary measures to be taken, consider the environment of the Course and if condition affects ability to:               <ul style="list-style-type: none"> <li>Engage in strenuous activities e.g. running, climbing, trekking with heavy load, camping?</li> <li>Pay attention to, understand and execute safety instructions?</li> </ul> </li> </ul>		

## Part 6: Acknowledgement and Consent

### 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 that would affect the approval of this application. 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 its admission decision at any time. I further give permission for any medical treatment OBS deems necessary to maintain the Applicant's wellbeing. In the event of illness or injury, I hereby give my consent to OBS to seek medical treatment and care as may be necessary for the Applicant, and for this purpose, to disclose the medical declaration and such other medical information as may come to their notice to medical personnel to provide appropriate treatment.

### Acknowledgement of Risk

- 1 I, the undersigned, **consent** to the Applicant's participation in the OBS Course as detailed in this Course Registration Form ("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 National Youth Council and/or its affiliated organisations, communications on programmes, courses, events and/or services provided by National Youth Council and/or its affiliated organisations.
- ☐ OBS sharing necessary information (as set out in **Annex A**) from this form with SportSG for purposes of creating the Applicant's ActiveSG account, on terms and conditions found at [myactivesg.com/terms](http://myactivesg.com/terms).

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 Course for publicity and marketing purposes.

### Completed by Applicant 18 Years Old and Above Or Parent / Guardian of Applicant Below 18 Years Old

Name of Applicant:		Signature:	<i>SIGN HERE</i>
		Date:	<i>dd / mm / yy</i>
Name of Parent / Guardian:		NRIC / FIN Number:	
		Signature:	<i>SIGN HERE</i>
		Date:	<i>dd / mm / yy</i>

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

  

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

## ANNEX A: ACTIVESG MEMBERSHIP

### About ActiveSG

ActiveSG is a national movement for sport by Sport Singapore\* (SportSG).

We offer opportunities for individuals and families to unite as a community to experience the joy of living better through sport, via a diverse line-up of exhilarating sporting activities that suit everyone.

Create an account and enjoy the benefits that ActiveSG has to offer. As an ActiveSG member, you are entitled to:

- priority booking of sport facilities,
- invitations to exclusive events, and
- updates to the latest ActiveSG events.

Registration is FREE and you will receive **ActiveSG \$100 credits** upon verification of your account which can be used at our island-wide network of gyms, pools and other sports facilities, as well as programmes.

For more information on our extensive range of sports and fitness programmes, please visit [www.myactivesg.com](http://www.myactivesg.com).

For Terms & Conditions of Membership, please visit [myactivesg.com/terms](http://myactivesg.com/terms).

*\* Singapore Sports Council*

### Creation of Account/Membership

In order for SportSG to help create an ActiveSG account for the applicant, the following information already provided in this form will be shared with SportSG:

1. Name
2. NRIC number
3. Nationality
4. Email address
5. Date of birth
6. Mobile number
7. Gender
8. Home address
9. Race
10. Name of Emergency Contact
11. Relationship of Emergency Contact
12. Emergency Contact Mobile No.
13. Name of parent / guardian
14. NRIC number of parent / guardian

You may also create an ActiveSG account through the ActiveSG mobile application or website [www.myactivesg.com](http://www.myactivesg.com).

**Optional:** if you wish to receive updates on the latest news, promotions and events from ActiveSG, please indicate below (you may select more than one):

- ☐ SMS  
☐ Phone Call