

SAIL (*Thekchen Choling Youth*) Programme 2019 REGISTRATION FORM

For Youths aged 13-18

Programme commences on 2 Mar 2019, Saturday Please refer to Appendix 1 for the Programme Schedule.

Whole-Year Membership Fee: \$0*

*Youths may contribute to the common food fund at \$3 per person per

session.

Part 1: Youth's Particulars		
Gender: *Male / Female	Age in 2019:	Race/Nationality:
Contact Number:	E-mail:	School & Level:
Home Address:		
Part 2: Medical Declaration		
Any medical conditions (eg. Asth	nma) or special needs (eg. ADD	, ADHD, Autism etc)? (Y / N)
If yes, please specify below:		
Allergies (If any):		
Part 3: Particulars of Parent/Guardian		
Name:	NRIC / Passport	No.: Relationship:
Hand Phone :	Office Number :	E-mail :

Part 5: Parent's /Guardian's Consent			
I, (NRIC: (name of child) hereby giv			
SAIL programme. I understand that all precautions will be taken to ensure my child's safety and I			
shall not hold Thekchen Choling (Singapore), the staff and/or the organizing members responsible			
in the event of any damage or loss of properties, mishaps, injury or loss of life that may occur			
during the programme or any organized activities.			
Signature of Parent / Guardian	Date		
Part 6: Personal Data Protection Consent	Large represented to approve the former and		
1) I agree and consent that the personal data collected by Thekchen Choling (Singapore) of marketing communications, audit, and meeting a may be used, disclosed or otherwise process retained for no longer than is necessary to meet or if longer, for compliance with applicable law retention guidelines.	for purposes of registration, event publicity, any other legal and regulatory obligations, and sed accordingly. The personal data will be at the purposes for which the data is collected,		
The personal data enclosed herein may be use TCCL SG to its other affiliates and branches wo 本人同意并许可:表格中要求本人提供册、活动宣传、市场推广、审计以及满足应使用、披露或以其他方式处理。该资料长或为遵守相关法律或按照新加坡大乘禅	rldwide on a required basis. 的个人资料仅供新加坡大乘禅寺用于注 其他法定义务等目的;这些资料可被相 的留存时限不得超出其使用目的所需时		
2) I give consent to receive updates on events and activities by the following (Please tick) 我愿意以以下方式获得寺庙活动的消息 (请打勾): □ English SMS 电话短讯(英语) or 或 □ Chinese SMS 电话短讯(华语) □ Mailed Brochures 邮寄手册			
Signature of Parent / Guardian	Date		
FOR OFFICIAL USE ONLY			
Date of registration: Re	eceipt Number:		
Total Amount Received: R	eceived by:		