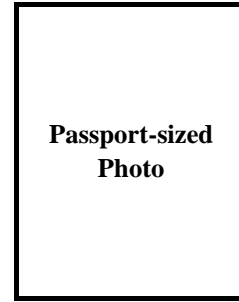




**SINGAPORE YOUTH
FLYING CLUB**

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**515 West Camp Road
Singapore 797695
Tel: 64836231**



**Passport-sized
Photo**

SYFC CCA STUDENT MEMBERSHIP APPLICATION FORM

STUDENT'S PARTICULARS (IN BLOCK LETTERS)

Name as in NRIC (Underline Surname):		* M / F	NRIC:
			Date of Birth:
School:	Level / Class:		Country of Birth:
CCA (if any):			Stream: * Express / NA/NT / IB
Home Address:			
Home Tel:	HP:	Email:	

PARENT'S / LEGAL GUARDIAN'S PARTICULARS AND DECLARATION (IN BLOCK LETTERS)

Name as in NRIC (Underline Surname):	* Dr / Mr / Mrs / Ms / Miss	NRIC:
		Relationship:
Home Address:		Tel:

- a. I understand that SYFC CCA activities entail building and flying of aeromodels, visits to aviation related facilities and the RSAF air bases, occasional joy rides on SYFC and the RSAF aircraft, as well as other social activities associated with character and leadership development.
- b. For activities such as visits to the RSAF air bases and joy rides in the RSAF aircraft, my child/ward's personal particulars will be submitted to the relevant authorities for security clearance purpose. In case such clearance is not given, my child/ward will not be able to participate in the activities.
- c. In case my child/ward has any medical condition and/or physical impairment that may be affected by taking part in the activities, I will pre-inform SYFC in writing and disallow him/her to take part in them. I shall be solely responsible for any decision as to my child/ward's fitness to participate in the activities and will indemnify SYFC against all actions, claims, losses and injuries which may arise out of his/her participation.
- d. Attendance for all activities is compulsory. My child/ward may only be exempted from these with valid medical certificate or excuse letter. These must be submitted to SYFC/the school by the next CCA session.
- e. I hereby voluntarily consent my child/ward to join SYFC CCA as a member.

* Parent / Legal Guardian Signature

Date

EMERGENCY CONTACT TO BE FURNISHED BY PARENT / LEGAL GUARDIAN

Name as in NRIC (Underline Surname):	* Dr / Mr / Mrs / Ms / Miss	Relationship:
Home Address:		Tel:

SCHOOL PRINCIPAL'S APPROVAL

I acknowledge this application made by _____ (name of applicant) and hereby give my approval for him/her to join the Singapore Youth Flying Club as a CCA member.

Principal's Signature / School Stamp

Date

SYFC'S APPROVAL AND ADMINISTRATION

*Approved / Not Approved

SYFC CCA Manager

Date

Membership No.:

Administrator's remarks:

(*delete where applicable)