



SYFC CONSENT FORM

Consent form for participation in organised courses/activities conducted by Singapore Youth Flying Club and/or traveling in SYFC craft.

Dear Sir / Madam,

Part A – Courses/Activities Brief (you may want to visit www.syfc.sg for more details).

Singapore Youth Flying Club (hereinafter referred to as SYFC) conducts flying training (including experiential flights) for selected full-time students in recognised schools. We aim to create awareness and interest in aviation by providing flying training courses for Youth. We also conduct experiential flights for selected groups of people from time to time to let them experience flying.

Our courses and activities include familiarisation flights, ground visits and lectures. Participants will fly in an aircraft during the course/activities. SYFC will take the necessary steps to ensure the safety of participants throughout the event. However, if *you/your child/your ward have/has any medical condition that may be adversely affected by these activities, *you/your child/your ward should not take part in them.

Part B – seeking your consent.

I, _____, *parent/guardian of _____,
 (Full Name of *Self/Parent/Guardian) (Full Name of *Child/Ward)

having fully understood the description of activities contained in Part A, voluntarily consent to allow *myself/my child/ my ward to travel in SYFC craft (vehicles and aircraft) and/or participate in SYFC Flying Courses/Activities (including experiential flights) knowing the risks arising out of or in connection with the said course/activities.

I accept that I shall be solely responsible for any decision as to *my/my child’s/my ward’s fitness to travel in the craft and/or participate in the courses/activities. ***I/my child/my ward understand/s that compliance with all instructions given by the crew during the conduct of the activities is mandatory**, and any failure to comply with such instructions may result in *my/my child’s/my ward’s removal from the activities.

I authorise SYFC to collect, use and disclose my/my child’s/my ward’s personal data for the purpose of participating in the organised courses/activities conducted by SYFC and/or traveling in SYFC craft.

 Name and Signature of Self/Parent/Guardian* Contact Number Date

- * Delete where not applicable.
- Note: A separate copy is required for each individual traveling in SYFC aircraft.
- Those who are above 21 years old can sign this form without parental consent.

In case for emergency, please call _____ at tel no. _____