



515 West Camp Road
Singapore 797695
Tel: 64836231

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 / IP/IB | |
| Home Address: | | | |
| Home Tel: | HP: | Email: | |

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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------|
| Name as in NRIC (Underline Surname): | * Dr / Mr / Mrs / Ms / Miss | Relationship: |
| | | Tel: |
| <p>a. SYFC CCA activities entail building and flying of aeromodels, visits to aviation related facilities and the RSAF air bases, occasional experiential rides on SYFC and the RSAF aircraft, as well as other social activities associated with character and leadership development.</p> <p>b. For activities such as visits to the RSAF air bases and experiential 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.</p> <p>c. There are risks associated with the CCA activities and SYFC will take all necessary precautions in mitigating such risks. 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.</p> <p>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.</p> <p>e. I consent to the collection, use and disclosure of my child/ward's personal data by SYFC for the purposes of administering this membership as well as for processing the enrolment for activities.</p> <p>e. I declare that information furnished herein are true and accurate and shall update SYFC should any change/s arises.</p> <p>f. I hereby voluntarily consent my child /ward to join SYFC CCA as a member.</p> | | |
| <hr style="width: 80%; margin: 0 auto;"/> * Parent / Legal Guardian Signature | | <hr style="width: 80%; margin: 0 auto;"/> 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 gives my approval for him/her to join the Singapore Youth Flying Club as a CCA member.

Principal Signature / School Stamp

Date

SYFC'S APPROVAL AND ADMINISTRATION

*Approved / Not Approved

SYFC CCA Manager

Date

Membership No.:

Administrator's remarks:

(*delete where not applicable)

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