



Acknowledgement of Consent by Parent/Guardian

(to be completed and signed by the Parent/Guardian when the student is BELOW THE AGE OF 21) *delete where applicable

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS

Sport Science & Management (SSM) courses are conducted indoors as well as outdoors, and involves physical activities such as running and strength training some of which are very strenuous.

It is important that we know of any existing medical problem(s) as it is your child/ward's best interest and ours. If your child/ward is receiving medication and/or has any existing medical conditions, illnesses, and/or injuries and/or physical and/or mental disabilities that may prohibit and/or affect your child/ward's participation, whether fully or otherwise, in the course, please ensure that your child/ward provides us with full written details together with a doctors certificate. Failure to do so might affect your child/ward's underlying performance, final grade in the course as well as place your child/ward at medical risk.

By submitting your personal data, you consent to the associated members of the SSM programme committee and/or Nanyang Technological University (NTU) collecting, using, disclosing and/or processing your personal data for the purpose(s) of:

- a) processing your acknowledgement for your child/ward to participate in SSM courses;
- b) record keeping;
- c) contacting you in the event of an emergency that threatens the life, health, and safety of your child/ward.

Waiver/Declaration

I, (name) _____ holder of NRIC/Passport No. _____ (last 3

numerical digits and checksum only), allow my *child/ward

(name) _____ to enrol in the _____

(course title) course with the SSM programme for a duration from the date of

_____ and am aware, understand, acknowledge and do fully agree to the

following:

1. My *child/ward has requested to participate in the programme and I understand that the programme involves mental and physical exertion and other risks, known and unknown and, may result in injury to my *child/ward or to others.
2. My *child/ward has declared themselves to be in good physical and mental health, and has no history of/never had/does not currently suffer from:
 - a. Chest pains, high blood pressure or heart problems e.g. heart murmur, extra heartbeat, mitral valve prolapse
 - b. Asthma, bronchitis, tuberculosis, sinusitis or other lung problems
 - c. Fits, epilepsy, fainting attacks, migraine, severe head injury
 - d. Eye problems e.g. poor vision
 - e. Ear problems e.g. hearing difficulty
 - f. Mental illness, neurological illness and/or psychological illness
 - g. Diabetes / Thalassaemia major / Anaemia
 - h. Allergy to medicines / food / others e.g. sea water, insect bites
 - i. Bone or joint injuries e.g. fracture / dislocation
 - j. A carrier status for any infectious disease
 - k. Medical treatment within the last 2 years
3. If my *child/ward is receiving medication and/or has any pre-existing illness and/or medical conditions and/or injuries and/or physical and/or mental disabilities and/or currently pregnant that may prohibit my *child's/ward's full participation in the course, he/she shall submit a medical doctor's letter of certification and/or a specialist's letter of certification that *he/she is fit to engage in sports and fitness courses, complete the relevant form and disclose them to the SSM programme committee within a week after enrolling in the course.
4. I understand that the instructors or associated members of the SSM programme committee reserves the right to withdraw my *child/ward from the course should they deem him/her unsuitable to engage in the activities required.
5. I understand that my *child/ward shall co-operate fully with the directions and instructions of the instructors or associated members of the SSM programme committee and diligently comply with all safety systems as required.
6. I understand that the SSM courses are conducted indoors as well as outdoors, and this involves physical activities such as running and strength training some of which are strenuous, and that this poses some inherent risks.
7. I shall therefore not hold the instructors or associated members of the SSM programme committee and/or NTU liable/responsible for any damage to or loss of property or any injury or loss of life which may be sustained and/or incurred by my *child/ward or anyone else during the course or arising from any cause in connection with the course where such damage or loss of property or any injury or loss of life is caused by my child/ward* and/or anyone else including the instructors or associated members of the SSM programme committee or NTU.

8. I shall further not hold the instructors or associated members of the SSM programme committee and/or NTU liable/responsible to me and/or anyone else for any damage to or loss of property or any injury or loss of life which may be due to, caused by and/or in connection with any pre-existing illness, medical condition, injury, physical and/or mental disability, and/or medical treatment and/or pregnancy which my child/ward* have, and/or have received.
9. I authorise the instructors or associated members of the SSM programme committee and/or NTU to contact me at (contact no.) _____ in the event of an emergency that threatens my *child/ward's life, health, and safety.

I hereby declare and confirm I have read and fully understand all the sections and conditions in this form and that all the information provided above are true. I agree and accept all the sections and conditions set out above. I am aware that my child/ward's* attendance in the course involves certain amount of risk. I declare and confirm that I agree to the release/waiver set out above.

Name of *Parent/Guardian

Signature

Date