



# NANYANG TECHNOLOGICAL UNIVERSITY SPORTS CLUB

c/o SPORTS & RECREATION CENTRE  
20 NANYANG GREEN SINGAPORE 637715  
TEL: 67905172 FAX: 63165315  
WEBSITE: WWW.NTUSPORTSCLUB.SG

## STREET CHALLENGE 2011 <STREET BASKETBALL>

Date: 22<sup>nd</sup> October 2011, Saturday

Time: 0730 – 1800 hrs

Venue: Sports & Recreational Centre

Price: \$30 (early bird)

\$40 (normal registration)

MALE/ FEMALE (*please circle*)

**\*\* Only 1 IVP/National/SUniG is to be allowed in the male team.**

**\*\* Only 2 IVP/National/SUniG is to be allowed in the female team.**

Team Name:				
	NAME	NRIC	Matriculation No.	IVP Y/N
Leader				
Player 1				
Player 2				
Reserve				

I, \_\_\_\_\_, on behalf of team \_\_\_\_\_, solemnly undertake that we will abide by the rules and regulations of the game, and understand that decisions made by referees/umpires are final. Changes with regards to any aspects of the game are entirely up to the organizing committee's discretion without prior notice, and I will not hold the judges/organizing committee liable for any disputes in the game. I understand that the organizing committee reserves the rights to disqualify any team when deemed that any *rules and regulations* are breached.

Name of participant

Signature

Date

\_\_\_\_\_



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## 1. TEAM LEADER'S PARTICULARS

Name (*as in NRIC*): \_\_\_\_\_ NRIC No. : \_\_\_\_\_

Course of Study/ Year: \_\_\_\_\_ / \_\_\_\_\_ Gender: Male / Female DOB: \_\_\_\_\_

Contact No. : \_\_\_\_\_ (*Home*) \_\_\_\_\_ (*Mobile*)

Email address: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Singlet Size: XS / S / M / L / XL \* Matriculation No.: \_\_\_\_\_

Medical History (*if any*): \_\_\_\_\_ Allergies (*if any*): \_\_\_\_\_

## PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No.: \_\_\_\_\_ (*Home*) \_\_\_\_\_ (*Mobile*) \_\_\_\_\_ (*Office*)

## 2. PLAYER 1'S PARTICULARS

Name (*as in NRIC*): \_\_\_\_\_ NRIC No. : \_\_\_\_\_

Course of Study/ Year: \_\_\_\_\_ / \_\_\_\_\_ Gender: Male / Female DOB: \_\_\_\_\_

Contact No. : \_\_\_\_\_ (*Home*) \_\_\_\_\_ (*Mobile*)

Email address: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Singlet Size: XS / S / M / L / XL \* Matriculation No.: \_\_\_\_\_

Medical History (*if any*): \_\_\_\_\_ Allergies (*if any*): \_\_\_\_\_

## PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No.: \_\_\_\_\_ (*Home*) \_\_\_\_\_ (*Mobile*) \_\_\_\_\_ (*Office*)

### OUR 21 SUB-CLUBS

AIKIDO CLUB, FENCING CLUB, SHITORYU KARATE CLUB, JUDO CLUB, TAEKWONDO CLUB, SILAT CLUB, SNOOKER & POOL CLUB, RUNNERS' CLUB, BOWLING CLUB,  
INLINE SKATING CLUB, CONTRACT BRIDGE CLUB, GOLF CLUB, INTERNATIONAL CHESS CLUB, NTU CHEERLEADING CLUB,  
TENNIS CLUB, FLOORBALL CLUB, SCUBA DIVING CLUB, WAKEBOARDING CLUB, YACHTING CLUB, NTU LIFE GUARD CORPS, WINDSURFING CLUB



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### 3. PLAYER 2'S PARTICULARS

Name (*as in NRIC*): \_\_\_\_\_ NRIC No. : \_\_\_\_\_

Course of Study/ Year: \_\_\_\_\_ / \_\_\_\_\_ Gender: Male / Female DOB: \_\_\_\_\_

Contact No. : \_\_\_\_\_ (*Home*) \_\_\_\_\_ (*Mobile*)

Email address: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Singlet Size: XS / S / M / L / XL \* Matriculation No.: \_\_\_\_\_

Medical History (*if any*): \_\_\_\_\_ Allergies (*if any*): \_\_\_\_\_

### PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No.: \_\_\_\_\_ (*Home*) \_\_\_\_\_ (*Mobile*) \_\_\_\_\_ (*Office*)

### 4. RESERVE'S PARTICULARS

Name (*as in NRIC*): \_\_\_\_\_ NRIC No. : \_\_\_\_\_

Course of Study/ Year: \_\_\_\_\_ / \_\_\_\_\_ Gender: Male / Female DOB: \_\_\_\_\_

Contact No. : \_\_\_\_\_ (*Home*) \_\_\_\_\_ (*Mobile*)

Email address: \_\_\_\_\_ Blood Group: \_\_\_\_\_

Singlet Size: XS / S / M / L / XL \* Matriculation No.: \_\_\_\_\_

Medical History (*if any*): \_\_\_\_\_ Allergies (*if any*): \_\_\_\_\_

### PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No.: \_\_\_\_\_ (*Home*) \_\_\_\_\_ (*Mobile*) \_\_\_\_\_ (*Office*)

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