



**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 SOCCER>**

Date: 22nd October 2011, Saturday
Time: 0730 – 1800 hrs
Venue: Sports & Recreational Centre
Price: \$50 (early bird)
\$60 (normal registration)

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

Team Name:				
	NAME	NRIC	Matriculation No.	IVP Y/N
Leader				
Player 1				
Player 2				
Player 3				
Player 4				
Reserve 1				
Reserve 2				

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. PLAYER 3'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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5. PLAYER 4'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*)

6. RESERVE 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*)

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7. RESERVE 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*)

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