

THE SINGAPORE LIFE SAVING SOCIETY

(A National Member of The Royal Life Saving Society Commonwealth and International Life Saving Federation)
21 Geylang Bahru Lane, c/o Kallang Basin Swimming Complex, Spore 339627, Tel.: 6299-3660, Fax.: 6299-0693, Email.: slss@pacific.net.sg

CPR Course – Enrolment Form

Please print name in **FULL** and in **BLOCK LETTER** as it will be printed accordingly in the Certificate.
(Mr/Ms/Mrs/Madam)

Name **			
NRIC/Passport No. **		Date of Birth **	
Organisation (if sponsored)			
Occupation			
Address **			
Contact No. **	(H)	(O)	(H/P)
Email **			
Commencing Date/Day			
Venue / Time			
Lifesaving Training Ctr @ Kallang Basin Swimming Complex / 9 am – 5 pm			

The fields with ** are compulsory fields to be completed.

◆ Please Note :

- ☞ I understand that once this application is accepted by the SLSS, request of withdrawal or postponement of application will not be allowed.
- ☞ For request of refund or re-participation of training, a written request with supporting proof/documents (where appropriate), must be sent/email to SLSS office within 7 days from the date of training conducted.
- ☞ The SLSS, however, reserve the right to alter the training schedule and/or training programme if it is deemed fit and appropriate.

Signature / Date : _____

For Office Use : Receipt : _____ Amt. Paid : _____ Class Code : _____

***** **INDEMNITY BY PARTICIPANT ABOVE 21 YEAR OLD** *****

Dear Sirs,

In consideration of you allowing me to participate in the SLSS CPR training course, I _____
_____ hereby indemnify you, your members, officers and appointed instructors against all claims, suits, proceedings, damages, liabilities, costs and expenses whatsoever which may be taken or made against or incurred by you, your members, officers and appointed instructors by reason or any injury which may arise as a result of my participation in the course.

Signature / Date:

For participants below 21 years old on the date of commencement of the course, the parent or legal guardian must also complete the following :

INDEMNITY BY PARENT / GUARDIAN

In consideration of you allowing my child to participate in the SLSS CPR training course, I _____
_____ parent/guardian, NRIC No : _____ of _____
consent to my child / ward's participation in the SLSS CPR training course and hereby indemnify you, your members, officers and appointed instructors against all claims, suits, proceedings, damages, liabilities, costs and expenses whatsoever which may be taken or made against or incurred by you, your members, officers and appointed instructors by reason of any injury which may arise as a result of my child's participation in the course.

Contact No.: _____ Signature / Date : _____