

FOR OFFICIAL USE			
Checked & Verified By			

LABUAN CROSS CHANNEL SWIMMING CHALLENGE

28th April 2018

Labuan International Sea Sports Complex



Organizer:

Co-Organizer:



1. NAME (Please enter name as it appears in your identification document)

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2. NRIC/BC/PASSPORT No..... 3. SEX F M

4. ADDRESS

STATE COUNTRY

5. DATE OF BIRTH / /

D D M M Y Y Y Y

6. NATIONALITY 7. E-MAIL

8. CONTACT (H/P) (OFF/HSE)

9. IN CASE OF EMERGENCY, PLEASE CONTACT

NAME CONTACT NO

10. CATEGORY (Participant can only compete in his / her own Age Group)

AGE GROUP CATEGORY	BORN	TICK	ENTRY FEE
Male 45 years & above	On/Prior 1973		RM 60.00
Male 25 – 44 years	1974 - 1993		RM 60.00
Male 13 – 24 years	1994 - 2005		RM 60.00
Male 7 – 12 years	2006 - 2011		RM 50.00
Female 35 years & above	On/Prior 1983		RM 60.00
Female 13 – 34 years	1984 - 2005		RM 60.00
Female 7 – 12 years	2006 - 2011		RM 50.00

11. T-SHIRT SIZE (Adult Sizes) XS S M L XL XXL

12. Entry fees Payable by Cash / Cheque / Direct Debit to: **Persatuan Akuatik WP Labuan**
(Bank Islam - Account No. 15011010011601)

Kindly forward your payment (or copy of bank-in slip) to the following:

- Mr Chia Sia Theng +6 016 832 3848 stchia777@gmail.com
- Mrs Bernice Chin-Langshaw +6 012 885 2901 chinbernice@hotmail.com

REGISTRATION CLOSING: 1700 hrs 14th APRIL 2018

THE ORGANIZER, LABUAN CROSS CHANNEL SWIMMING CHALLENGE

I, (participant's name) agree to abide by the conditions and rules of the SWIM. I declare that the details given are correct and I am physically fit and sufficiently trained to finish the SWIM. I will attempt to complete the SWIM within the time limit.

SWIMMERS: WAIVER/INDEMNITY:

In consideration of the Organizer accepting this entry, I upon entry and registration to participate in the above Cross Channel Swimming Challenge, hereby for myself, my heirs, executors and administrators, waive and release any and all rights or claims to damages I may have against the Organizers holding this Cross Channel Swimming Challenge, their agents, representatives, successors, assignees, sponsors and co-sponsors for any and all injuries, death and invalidity I may sustain during the course of the event or arising as a result of it. I hereby indemnify you and keep you indemnified and waived against all claims or damages that arise in consequence of the above.

Date: Participant's Signature

*** Participant – MUST enclose a copy of your NRIC/Passport/Birth Certificate**

!!! IMPORTANT !!!

*** FAILURE TO ENCLOSE PHOTOCOPY OF BIRTH CERT/NRIC/PASSPORT of Participant AND Parent/Guardian (for participant under 18 years of age), PARTICIPANT WILL NOT BE ALLOWED TO REGISTER FOR THE SWIM**

FOR PARTICIPANTS UNDER 18 YEARS OF AGE AS AT 01/01/2018

I, parent/guardian of the participant, whose particulars appear above, confirm, that I fully understand and appreciate the effect of the above waiver and hereby agree and declare on behalf of the participant that the purport of the waiver clause will have equal binding effect on the participant. I hereby consent to his/her participation in the above SWIM.

PARENT/GUARDIAN	WITNESSED BY
Signature:	Signature:
Name:	Name:
NRIC/Passport No.:	NRIC/Passport No.:
Date:	Date:

***Parent/Guardian- MUST enclose a copy of your NRIC/Passport**