**Consent Form – Youth Ambassadors**

The Youth Ambassadors Program is an annual gathering of students from all over Asia. Students will learn to understand the importance and the potential in effective leadership and be inspired to make a change back in their own countries.

Please complete all information requested on this form (mark X where applicable) ***CLEARLY*** and return it to your contact person. (\*) denotes compulsory fields.

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| **Particulars of Delegate** |
| Full Name (in BLOCK letters / Underline Surname)\*: | Passport No.\*: |
| Nationality\*:Gender\*: Male / Female(Please circle the correct item) | Date of Birth (DD/MM/YYY)\*: |
| Tel / HP: | Email:  |
| Name of Travel Insurance Insurer\*:(All participants must have travel insurance underwritten by reputable insurance company in the country of residence.) |
| *I, hereby, undertake to indemnify the Youth Ambassadors Event organizing committee (Youth Ambassadors Ptd Ltd and Transinex Pte Ltd) and its venue partners or their servants and agents against all claims arising out of any death, injury, damage, loss, illness suffered or caused in the course of participating in the above events and activities, where such damage to or loss of property or any injury or loss of life is not caused by the negligence or willful act or omission of the Youth Ambassadors Event organizing committee and its stakeholders. I also hereby consent to be photographed and videoed throughout the entire duration of the event by photographers and videographers arranged by the organizing committee during the event. I further authorize that the photographs and videos taken may be published for marketing purposes.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Delegate’s Signature Date |

(\*) is compulsory

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| **Parent / Guardian Information** |
| **Primary Emergency Contact\*:**Name:Address:Mobile Tel: | Relationship:Email: |
| **Secondary Emergency Contact**Name:Address:Mobile Tel: | Relationship:Email: |

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| **Parent’s / Guardian’s Consent (for students below the age of 21)** |
| *I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the \*parent / guardian of the above-named delegate. I hereby consent to my \*son’s / daughter’s / ward’s participation in the event and activities. I also hereby, undertake on behalf of my \*son / daughter / ward to indemnify the Youth Ambassadors Event organizing committee (Youth Ambassadors Ptd Ltd and Transinex Pte Ltd) and its venue partners or their servants and agents against all claims arising out of any death, injury, damage, loss, illness suffered or caused in the course of participating in the above events and activities, where such damage to or loss of property or any injury or loss of life is not caused by the negligence or willful act or omission of the Youth Ambassadors Event organizing committee and its stakeholders. I also hereby consent to be photographed and videoed throughout the entire duration of the event by photographers and videographers arranged by the organizing committee during the event. I further authorize that the photographs and videos taken may be published for marketing purposes.*I further declare and confirm that all the information provided herein is true.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s / Guardian’s Signature\* Date |

(\*) is compulsory

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| **Medical Information Form** |
| **Confidential Medical Information Form**Medical documentation should be produced if necessary as supporting document. All personal particulars provided are for the purposes of communication in case of emergency.**MEDICAL INFORMATION\***If there is a history that you may have had, please mark (X) under the NO or YES column.(\*) is compulsory |
|  | **NO** | **YES** | **Medical Condition** |
| 1. |  |  | Chest Pain, Coronary Problems, High Blood Pressure |
| 2. |  |  | Lung Problems (Asthma, Bronchitis, Tuberculosis etc) |
| 3. |  |  | Head Injury, Fits, Epilepsy, Fainting Attacks, Migraine |
| 4. |  |  | Back / Neck Problems |
| 5. |  |  | Diabetes |
| 6. |  |  | Eye (Vision) / Ear (Deafness) Problems |
| 7. |  |  | Nervous Illness |
| 8. |  |  | Arthritis, Bone or Joint Injury |
| 9. |  |  | Surgery within the last 3 years |
| 10. |  |  | Allergies (Drugs, Food etc.) |
| 11. |  |  | Routine Medication Needs |
| 12. |  |  | Blood Disorder (eg. G6PD deficiency, thalassemia) |
| 13. |  |  | Hospitalization within the last 3 months |
| If you indicated ‘YES’ to any of the above, please specify\*:Do you have any other disability or medical information you wish to highlight? |

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| **Dietary and Others** |
| Special Dietary Needs\*: □ Halal □ Vegetarian □ No Pork/Lard □ No Beef □ No special dietary requiredIf there are others, please specify:If you are coming in the month of June, please indicate if you are fasting\*: □ No □ YesFor women only: Are you pregnant\*? □ No □ YesT-Shirt Size\*: □ XS □ S □ M □ L □ XL |

I declare that all the information provided by me is true and correct to the best of my knowledge.

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Delegate Signature and Name\* Date

**Privacy Statement**

The personal information of the participant given to us will be used for the purposes of arranging the event.

We may share the information with associate companies and 3rd party vendors to facilitate the arrangement of the events. We may also disclose the personal information when:

* Disclosure is necessary to comply with applicable laws, governmental or other regulation or the requirements, orders, directions, instructions or notices of any regulatory authority or legal processes
* Disclosure is necessary to protect safety and security of the participants
* We believe it is appropriate to investigate, prevent or take action regarding illegal or suspected illegal activities; to protect and defend the rights and properties of the companies