



Maximum Wellness
 Registered Business License: 53180494A
 Corporate Office: Pioneer Junction
 #05-24, 3 Soon Lee Street
 Singapore 627606
 Website: singaporekickboxing.com
 Email: info@singaporekickboxing.com

**Paste your
 colour passport
 size photograph
 Size : 3.5 X 3.5 cm*

Registration Form

Certified Fitness and Aerobic Kickboxing Leader Training
Registration Fee + 1 SPORT TRAINER TSHIRT - S\$50.00 (non-refundable)
Course Fee - S\$550.00
Intake Date: _____ and _____
Time : 9.30am to 6.30pm (both days)

**It is compulsory to fill in all the blanks otherwise stated.*

*PERSONAL PARTICULARS			
Full name (as stated in your NRIC or passport):		Family name, surname:	
NRIC/Passport No:		Date of birth (ie 08-Aug-1965):	
Email address (in CAPS):		Gender (circle either one): M / F	
Residential address:		Postal Code:	
Contact number: _____ (Home)		Contact number: _____ (Mobile)	
Do you have a valid CPR + AED + SFA qualification? (circle either one): Yes / No		Occupation:	
How did you hear about us (tick either one):			
<input type="checkbox"/> Email invitation <input type="checkbox"/> Singapore Kickboxing Club Website <input type="checkbox"/> Friends : _____ <input type="checkbox"/> Social Media <input type="checkbox"/> Found online: UTAP / Skillsfuture / Others : _____			

*ACADEMIC QUALIFICATIONS			
Name of School:	Qualification:	From (MMM-YY):	To (MMM-YY):

*OTHER RELATED CERTIFICATE OR QUALIFICATION (ie, CPR + AED)	
Date of Attainment:	Certification/Qualification:

*RELEVANT EXPERIENCE (please indicate in bullet form)			
Name of School:	Qualification:	From (MMM-YY):	To (MMM-YY):

Payment mode (please select the relevant options):

	UTAP (Submit application within 6 month after course completion)
	Bank Transfer : Maximum Wellness's Maybank Account No 04161059952
	Skills Future Credit (15days before the course date)

**Official invoices/receipts will be issued upon confirmation of the completed registration form and selected of payment mode.*

Email completed registration form to INFO@SINGAPOREKICKBOXING.COM by 1 weeks before the course date

TERMS AND CONDITIONS

1.	Enrolment of the course above creates a binding agreement to follow the course to pay the FULL course fees. *Take note that all fees paid are non-refundable as a placement was allocated to you with your commitment to attend the respective course date.
2.	<p><u>PAYMENT CONFIRMATION:</u></p> <p>a) <u>For UTAP application:</u> Please visit http://skillsupgrade.ntuc.org.sg/wps/portal/skillsupgrade/home/skillsupgradeavailable/featuredindustries/featuredindustriesdetails?WCM_GLOBAL_CONTEXT=/content_library/skillsupgrade/home/skills+upgrade+available/featured+industries/da9571804f32741a9d86fdbda6c1e78c And payment are required to pay in full then you can submit the claim after the course completion.</p> <p>b) <u>For Bank transfer payment mode,</u> kindly inform us via email with the <u>reference no/receipt no</u> and indicate the <u>transfer time/date</u> with the completed registration form attached.</p> <p>c) <u>For SkillsFuture Credit payment mode</u> – Select <u>pay to “training provider”</u> (claimable up to S\$500.00) *15 days before the course date and the applicant will required to made a payment of <u>S\$100.00</u> in CASH/BANK TRANSFER non-refundable and transferrable if any cancellation within 2 weeks before the course start date. The balance from the <u>Skillsfuture Credit Claim</u> with the guide to claim for skillsfuture credit provided by the coordinator.</p> <p><u>*An acknowledge email with official invoices/receipts will be issued upon received the completed form and payment have made within 7 working days.</u></p>
3.	The full cost of the course will be imposed even for participants who register and do not attend the course. *Unless special arrangement was told in advance with <u>valid documentation provided.</u>
4.	Maximum Wellness reserves the right to make adjustments to the course schedule, or to postpone the course.
5.	Maximum Wellness reserves the right to reject any participants from signing up for this course.

Declaration

I hereby declare that all information given in this application form is true and complete. I understand that provision of any false information may result in the application being declined. If accepted as a student, I do understand and will comply with all conditions, rules and regulations set by Maximum Wellness in administrating the course;

I fully understand that I am registering into the course above at my own risk and agree to abide, at all times, by the rules governing the course. I agree that I shall have no claim whatsoever against Maximum Wellness, its agents, staff or contractors for any embarrassment, injury, damage or loss to life or property which I may suffer from during the full duration of the course;

I have agreed to fulfil a minimum of 75% attendance to participate in this program.

I have agreed that the course arrangements are subjected to changes.

I have agreed that I am physically fit to participate in this program.

I have agreed that I will fulfil the assessments including; formative, e-learning and summative as required of this program.

I have agreed that I will not hold Maximum Wellness, their appointed staff or officials, responsible for any mishaps, injuries, damages or loss of life and / or property that may occur during the program and from any component/s of the course whether online or offline, or as a result of participating in this program. I will indemnify Maximum Wellness, their appointed staff or officials, against any actions, proceedings, liabilities, claims, damages and expenses by any party however arising out of or in connection with this course.

I accept the conditions concerning the administration of the MCQ theory test (2nd day of the course) and formative assignment submission (1st day of the course), the reporting of the test score, the certification process and policies. I agree to release to Maximum Wellness any information relevant to my certification and recertification. I further understand that if any information is later determined to be false, Maximum Wellness reserves the right to revoke any certification that has been granted on the basis hereof. I further understand that Maximum Wellness certification does not certify or in any way guarantee the quality of my work as a Maximum Wellness-certified Professional. I therefore agree to indemnify and hold harmless Maximum Wellness, its administrators, directors and staffs from any claims due to negligence, omission, or faulty advice that I may give to clients as a Maximum Wellness-certified Professional. I understand that Maximum Wellness is not responsible for any actions or damages from any person arising out of my work as a Maximum Wellness-certified Professional.

I acknowledge that I have read all the contents contained in this application form and have fully understood them. By signing below, I am waiving any rights that I may have to bring legal action to assert a claim against MAXIMUM WELLESS and all its affiliates for any negligence.	Signed by Participant
	Participant's name:
	Date:

FOR OFFICIAL USE	
Application Form Received Date	Application ID No.