



CAMP IGNITE!
YOUTH RACIAL HARMONY CAMP, 23 – 26 NOVEMBER 2015

NOMINATION FORM

Closing Date:

Enquiries: Ms Puvana @ DID: 6253 3297 or Email:
youthoutreach@onepeople.sg

A Details of Nominating Organisation						
Name of School:						
Address:	S ()					
Name of Contact Person /Teacher-in-charge:				Designation (if applicable):		
Contact Details:	Office:		Handphone:		Fax:	
	Email:					
B Camp Participant Nomination						
<p>Please nominate up to 10 multi-racial student leaders to participate in Camp Ignite! and kindly attach the individual registration forms for each person. All forms are to be emailed/posted/faxed to OnePeople.sg by Wednesday, 27 May 2015. Students will be accepted on a first-come-first served basis. OnePeople.sg will inform the person/ teacher-in-charge to confirm students' participation via email upon receipt of the application forms.</p> <p>Important note: Camper's information, gathering point and packing list will be immediately sent by OnePeople.sg upon confirmation for school's dissemination to the students. Payment fees are to reach OnePeople.sg before commencement of the camp. <u>Please note that payment for absentees and withdrawals will not be refunded.</u></p>						
Name of student (1):				Name of student (6):		
Name of student (2):				Name of student (7):		
Name of student (3):				Name of student (8):		
Name of student (4):				Name of student (9):		
Name of student (5):				Name of student (10):		

I confirm the nomination of the above youth leaders for participation in the 2D1N residential Camp Ignite! on 15, 16 June 2015 at Sarimbun Scouts Camp. These participants are welcome to join OnePeople.sg as volunteers after the camp.

I agree that while all efforts will be made to ensure participants' safety, participants need to co-operate fully with the staff and diligently comply with all safety procedures.

	Signature of Person/Teacher-in-charge	School Stamp	Date	

If yes, please tick accordingly: Halal S t r i c t Vegetarian Other s:

4. **Please list any special medical conditions** that could possibly affect your participation in the course. Please indicate if you are on any medication, and inform the course instructors when you attend the course.

5. **Please share with us 2 – 3 things that you would like to know about other cultures:**



B Organisation's Details (refers to organisation or school that is endorsing/ sponsoring application)



Name of Organization:		Class:
Name of Person/ Staff-in-charge:		

** Information is requested for profiling purposes*



C *Parent's / Guardian's Consent (please delete accordingly)



Emergency Contact Person:		Relations hip:
Emergency Contact No:	(Home) :	(Handpho ne):

I, _____ *parent/ guardian of
 _____ hereby agree to allow my child/ ward to participate in
 the Camp Ignite! from
 15, 16 June 2015 at Sarimbun Scouts Camp. I certify that all information provided in the application
 form is true and correct. I understand that all efforts will be made to ensure my *child's/ ward's safety
 and that my *child/ward will have to co-operate fully with the staff and diligently comply with all safety
 procedures.

I understand that by signing up for the camp, photography or videography of my child/ward* may be
 used by OnePeople.sg and their working partners.

 Signature

 Date

D Payment Modes (please tick accordingly)

Cheque Payment

1. Cheque of \$20 made payable to the school.
2. Please write the Camp title, school, full name and contact no of the participant behind the cheque.
3. Submit this form together with cheque to Teacher-In-Charge.
4. School will collate cheques and pay as a whole to OnePeople.sg via E-Invoicing.
5. All payment is to reach OnePeople.sg before commencement of the camp by 27 May 2015.
6. Please note that payment for absentees and withdrawals will not be refunded.

Edusave
 (subject to school's approval)

1. Request **Edusave Form** from Teacher-In-Charge or School's Office.
2. Complete the Edusave Form and submit to Teacher-In-Charge or School's Office.
3. Ensure that the Edusave form is duly **signed and stamped** by the School's Office.
4. Teacher-In-Charge to indicate payment by Edusave and ensure that this application form is **stamped** by the School's Office.

IFASS
 (subject to school's approval)

5. An invoice will be sent to the school for processing. All payment through the nominating school/organisation is to reach OnePeople.sg before commencement of the camp.
6. Please note that payment for absentees and withdrawals will not be refunded.

OR

1. Teacher-In-Charge to request for **IFASS (e-**

School's Stamp (Mandatory)	<ol style="list-style-type: none"> 2. payment) from school's office. Teacher-In-Charge to indicate payment by IFASS and ensure that this application form is stamped by the School's Office. 3. An invoice will be sent to the school for processing. All payment is to reach OnePeople.sg before commencement of the camp. 4. Please note that payment for absentees and withdrawals will not be refunded.
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Note: Registration is based on a first-come, first-served basis. OnePeople.sg will inform the person/ teacher-in-charge of registration acceptance via email and fax upon receipt of nomination. Camper's information, gathering point and packing list will be sent immediately to the teacher-in-charge upon confirmation for dissemination to students.



Medical Declaration Form
(To be completed and submitted during registration
on 15 Jun 2015)

Camp Ignite! which is to be held from the 15 – 16 June 2015 will consist of some light as well as semi-intensive physical activity both indoors and outdoors. There are **no** dangerous elements in the camp and we will not require participants to take part in any risky activities. However, if you do have any illnesses that we should take note of, please let us know so that we can take all possible safety precautions.

For safety reasons, please indicate if you have any physical disabilities or medical conditions that would interfere with or limit your participation in the camp. If you answer **YES** to any of these questions, please specify in detail below.

Medical Declaration (Please Tick)

Physical Disability/ Medical Conditions/ Allergy	Y Yes	NoNo
1. Hearing or vision problems (eg: Partial deadness, colour blindness, etc)		
2. Respiratory problems (Eg, Asthma)		
3. Any back problem/ Joint problem/ injuries		
4. Any recent serious illness or hospitalization in the last 6 months		
5. Serious reaction to insect bites/ stings		
6. Frequent muscle cramps/ seizures		
7. High or low blood sugar		
8. History of heart problems/ chest pains/ high cholesterol		
9. Any allergy eg: food, medication		
10. Others (please specify):		

Medical Conditions (Please elaborate):	
Item no.	Describe clearly the physical disability/ medical condition/ allergy <i>(pls include restrictions, if any. Use additional sheets if necessary)</i>

Medicines

Are you presently taking any form of medicine? Please Tick [] Yes [] No
 If yes, please state name of medication, dosage etc:

(Pls note that we do not issue any form of oral medication to the participants)

I, (name) _____, holder of NRIC/Passport No/FIN.
 _____ (*pink/blue),

allow my *child/ward (name) _____ of
 _____ (school) to attend OnePeople.sg's Camp Ignite! at Sarimbun
 Scouts Camp** from 15, 16 June 2015.

I understand that my *child/ward will have to co-operate fully with the staff and diligently comply with all safety procedures.

I declare that all the medical information provided in the above sections are true and correct. My *child/ward is currently not suffering from any acute ailments or diseases which will prevent his/her full participation in the camp.

I further declare and confirm that I have read and fully understood all the sections in this programme registration form and that all the information provided herein are true.

_____	_____	_____
Name of Parent/ Guardian* Date	Signature	Mobile no.

**delete where applicable*