

## APPLICATION FORM

Full Name (as in NRIC/Passport): \_\_\_\_\_

NRIC / Passport No: \_\_\_\_\_ D.O.B: \_\_\_ / \_\_\_ / \_\_\_ Gender: Male / Female

Contact No: \_\_\_\_\_ Email: \_\_\_\_\_

Membership Type:  Ordinary  Associate  Family  Social

Shooting Experience: \_\_\_\_\_ Date of Proficiency Attained: \_\_\_\_\_

Membership Type (Please tick as appropriate)	Fees (1 Year Membership)
<input type="checkbox"/> Ordinary / Associate / Family	\$53.50
<input type="checkbox"/> Social	\$160.50

## MEDICAL DECLARATION BY MEMBER

It is important that we know of any problem areas(s) as it is in your interest and ours. To help us ensure safety, please complete the following questionnaire fully and honestly. All information provided on the form will be treated as CONFIDENTIAL.

Blood Type: \_\_\_\_\_

Do you have a history of/have you ever had:

PLEASE ✓ "YES OR NO"		YES	NO	If YES, please give details
1.	Chest pain, High blood pressure, Heart problems (e.g. Heart murmur, extra heartbeat or other heart abnormality)			
2.	Fits, Epilepsy, Fainting attacks, Migraine, Severe head injury.			
3.	Allergy to medicines/food/others.			
4.	Bone or joint injuries.			
5.	A carrier status for any infectious disease.			
6.	Medical treatment within the last two years.			
7.	Any other medical conditions not listed above.			

In Case of Emergency, please indicate the person to contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact No: \_\_\_\_\_

## DECLARATION OF INDEMNITY

- I declare that all particulars given are true and correct.
- I certify that I have never been convicted in a court of law; and that if admitted to membership, I will fulfill the obligations of good sportsmanship and good citizenship.
- I understand I must be above 18 years of age during the period of application.
- I understand that HomeTeamNS and its representatives reserve the right to reveal details of its members to its partners for any legitimate purpose. As a valued Practical Shooting Club member, you can expect HomeTeamNS and its partners to provide you information about products, discounts and promotions, invitations to exclusive events, programmes, workshops and courses, reminders and notices regarding HomeTeamNS Practical Shooting Club.
- I acknowledge that acceptance to my membership application is not automatic and that HomeTeamNS Practical Shooting Interest Group may reject without giving any reason.
- I agree to abide by all rules and regulations of HomeTeamNS Practical Shooting Interest Group.
- I acknowledge that any loss, damages, compensation, illness, accident, injury or death howsoever arising which may occur to me or my child or ward (as the case may be) at any time during the training program/courses and I, hereby absolve HomeTeamNS from all responsibility and all liability absolutely for any such loss, damages, compensation, illness, accident, injury or death howsoever aforesaid. I hereby unconditionally agree to and undertake to indemnify and keep HomeTeamNS and/or its partners, officers and employees indemnified from and against any and all liability from any loss, damages, compensation, illness, accident, injury or death including costs and expenses relating thereto.
- I understand that all membership fees paid are non-refundable.
- HomeTeamNS Practical Interest Group reserves the right to make any changes or modify our Terms & Conditions without prior notice.
- HomeTeamNS Practical Interest Group reserves the right to terminate without liability or refund, any members that breach safety or discipline matters in the shooting range.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **FOR OFFICIAL USE**

Amount Received: \_\_\_\_\_ Receipt No: \_\_\_\_\_ Date: \_\_\_\_\_

Payment by: Cash / Cheque / Visa / NETS

*For enquiries, call 6705 9456 or email: [Gun\\_Club@HomeTeamNS.sg](mailto:Gun_Club@HomeTeamNS.sg)*