



## IJHCC YOUTH CLUB APPLICATION FORM

### IJ Village Youth Club

A safe & comfortable hang out space for children aged 12-21 years old to chill out at. Opens Mondays to Fridays, 9 am to 6 pm, at IJ Village, No. 503 Ang Mo Kio Street 13, Singapore 569406. Any other time of use (including Sunday) is subject to prior arrangement.

A membership system for exclusive access to study corner for self-study, computer corner, volunteering opportunities, workshops, activities, outings, camps, bursary and groceries (subject to funding availability).

#### PERSONAL DATA

Youth's Name : \_\_\_\_\_ Gender : Female / Male

B/C / PP No. : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Address : \_\_\_\_\_

Postal Code ( ) \_\_\_\_\_

Telephone (Hm) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Nationality : \_\_\_\_\_ Race : \_\_\_\_\_ Religion : \_\_\_\_\_

Name of School : \_\_\_\_\_

**Allergies or other Medical Conditions (please specify in details) :**



\_\_\_\_\_

\_\_\_\_\_

#### Emergency Contact

Name of Parent / Guardian : \_\_\_\_\_

Relationship : \_\_\_\_\_ Contact : \_\_\_\_\_ (Hm) \_\_\_\_\_ (Hp)

I, \_\_\_\_\_ parent / guardian, (NRIC no.) of \_\_\_\_\_  
(name of child), acknowledge and agree for my child to join IJ Village's Youth Club .By signing this Parents' Undertaking, I / we hereby indemnify and hold blameless the Centre, its owners, management and the staff of the Centre against all claims which may arise in consequence of the death of, or any injury sustained to, my child/guardian during the course of such daily activities from whatsoever cause arising, including any fault of whatsoever nature attributable to the Centre, its owners, the management and its staff, save that liability shall not be excluded under this indemnity for loss occasioned by a deliberate act or wilful misconduct attributable to the Centre, its owners, the management and its staff.

In the event of my child/guardian being injured, I hereby authorise the Centre, its owners, the management and its staff to procure such medical treatment as may in their absolute discretion be deemed necessary. I undertake to indemnify the Centre, its owners, the management and its staff from all medical and hospital costs occasioned thereby.

**Other Information**

Please  if you and/or your family qualify for the following below :-

- Public Rental Scheme offered by Housing and Development Board (HDB)
- Financial Assistance Scheme (FAS) offered by Ministry of Education (MOE)
- Public Assistance offered by Government Agencies / Voluntary Welfare Organisation e.g CCs, CDCs, hospitals,

If Yes, please furnish Name of Agency and Scheme :

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**Data Protection**

By signing on this form, I agree to IJHCC clients' Personal Data Protection Policy, which is consistent with the Personal Data Protection Act 2012, available on IJHCC's website at the following link <http://ijhcc.org/about-ijhcc/ijhcc-personal-data-protection-policy>. This policy forms part of the condition in relation to all programmes and services provided by IJHCC.

\_\_\_\_\_  
*Signature of Parent/ Guardian*

\_\_\_\_\_  
*Date*