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| **AAIS FUTSAL TOURNAMENT 2022**Players List and Indemnity Form |  |

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| **Please fill in all the fields on this form** (highlighted in light green)**. You may use “NA” for not applicable fields.** |

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| **PARTICIPATING COMPANY INFORMATION** |
| **Company Name** |  |
| **Total Number of Team(s) Participating** |  |

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| **TEAM 1**  |
| **TEAM NAME** |  |
| **Player 1 Name** (Team Captain) |  |
| **Player 2 Name** |  |
| **Player 3 Name** |  |
| **Player 4 Name** |  |
| **Player 5 Name** |  |
| **Reserve Player 1 Name** (if any) |  |
| **Reserve Player 2 Name** (if any) |  |

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| **TEAM 2** Please click into checkbox if this section is not applicable > |[ ]  **NA** |
| **TEAM NAME** |  |
| **Player 1 Name** (Team Captain) |  |
| **Player 2 Name** |  |
| **Player 3 Name** |  |
| **Player 4 Name** |  |
| **Player 5 Name** |  |
| **Reserve Player 1 Name** (if any) |  |
| **Reserve Player 2 Name** (if any) |  |

I declare that all the information provided above are true.

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| **Name & Designation****of Team Captain/ Coordinator** |  | **Signature of****Team Captain/ Coordinator** |  | **Date Signed** |  | **Company Stamp** |

**INDEMNITY FORM**

I am taking part in the **AAIS Futsal Tournament 2022** organised by Association of Aerospace Industries (Singapore) - AAIS on Saturday, 19 November 2022. I will abide by the Rules and Regulations set by the Organiser and Event Organising Committee. I am fully aware of the possible risks involved and accept the same, notwithstanding the fact that this activity is intended only for those without medical problems and who are fit enough to indulge in physical activities. I confirm that I am enrolling on my own volition, and I shall not hold the AAIS, responsible or in any way liable for my death, injury, disability or any loss or damage whatsoever arising from any cause in connection with the activity or my participation therein.

I hereby indemnify and agree to keep the Association of Aerospace Industries (Singapore), its management and organisers of the event fully indemnified against all claims, loss or damage whatsoever in respect of death, injury, disability or any loss or damage whatsoever arising from any cause in connection with the activity or my participation therein.

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name** | **NRIC No** | **Signature** |
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