**NATIONAL SCHOOL GAMES**

**ARTISTIC GYMNASTICS COMPETITON 2024**

**School Registration (Primary)**

**Full Name in BC:**

**Class:** Pri **Date of Birth:**

**BC Number:**  **Age as of 1 Jan 2024:**

**Division:** Junior / Senior\* ***\* please delete***

Please tick the event that your daughter wishes to participate in and provide the necessary information.

|  |  |  |
| --- | --- | --- |
| **Division Category (select ONE)** | | **Apparatus (Up to 4)** |
| **Women Artistic Gymnastics (Girls):**  *“National School Games (NSG) Women’s Artistic Gymnastics (WAG) Technical Programme”* | | |
| Junior I (Level 3)  Junior II (Level 3)  Junior III (Level 4) | Senior I (Level 3)  Senior I (Level 4)  Senior II (Level 5)  Senior II (Level 6) | Vault  Uneven Bars  Balance Beam  Floor Exercise |
| **Men Artistic Gymnastics (Boys):**  *“National School Games Men’s Artistic Gymnastics (MAG) Routines and Technical Programme”* | | |
| Junior Under 9 (Level 1)  Junior Novice (Level 2)  Junior Optional | Senior Optional | Floor Exercise  Vault  Mushroom  Pommel Horse |

**Completed by Coach**

The event has been verified by (name and signature of coach) on   
 (date). My contact number is . If the student is selected to represent the school at the NSG. I am required to be present for the podium training and competition.

**Completed by Parent**

I, (name of parent) and verify that the details are correct and we will ensure that my child is ready for the competition by competition date. I will need to submit a video of my child/student in training to the school coordinator for verification. No changes are to be made after registration.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Parent’s Signature |  | Parent’s Email Address  & Contact Number |

**Deadline to return entry form to School Coordinator:**

**NATIONAL SCHOOL GAMES**

**RHYTHMIC GYMNASTICS COMPETITON 2024**

**School Registration (Primary)**

**Full Name in BC:**

**Class:** Pri **Date of Birth:**

**BC Number:**  **Age as of 1 Jan 2024:**

**Division:** Junior / Senior\* ***\* please delete***

Please tick the event that your daughter wishes to participate in and provide the necessary information.

|  |  |
| --- | --- |
| **Division Category (select ONE)** | **Apparatus** |
| Junior 1 (Rope) | Rope Group Freehand |
| Junior (Developmental) – Level 2 | Ball Rope Group Freehand |
| Junior Elite (Stage 1) | Ball Hoop Freehand |
| Senior (Developmental) - Level 3 | Hoop Club Group Freehand |
| Senior Elite (Stage 2) | Ball Club Hoop Freehand |

**Completed by Coach**

The event has been verified by (name and signature of coach) on (date). My contact number is . If the student is selected to represent the school at the NSG. I am required to be present for the podium training and competition.

**Completed by Parent**

I, (name of parent) and verify that the details are correct and we will ensure that my child is ready for the competition by competition date. I will need to submit a video of my child/student in training to the school coordinator for verification. No changes are to be made after registration.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Parent’s Signature |  | Parent’s Email Address  & Contact Number |

**Deadline to return entry form to School Coordinator:**

**NATIONAL SCHOOL GAMES**

**\* ARTISTIC / RHYTHMIC GYMNASTICS COMPETITON 2024 (Confirmation)**

Your child, of Primary   
has registered successfully for the following event/s at the abovementioned competition.

|  |  |
| --- | --- |
| **Division Category** | **Apparatus** |
| Teacher to list after checking NIS Summary Report | Teacher to list after checking NIS Summary Report |

You may find more information at [https://nsg.moe.edu.sg/spssc/gymnastics](https://nsg.moe.edu.sg/spssc/gymnastics%20) .

***\*Delete accordingly***

Please assist to **complete** the medical declaration found in **Section A.** Please **submit** to **name of teacher**, through your child by **deadline**.

**Section A) Medical Declaration of Participant**

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication Condition** | **No** | **Yes** | **Last Occurred** |
| 1. Fits, Epilepsy, Fainting Attacks, Migraine, Severe Head Injury; |  |  |  |
| 1. Chest pain, High Blood Pressure |  |  |  |
| 1. Heart problems, eg. Heart murmur, extra heart beat or other heart abnormality |  |  |  |
| 1. Asthma, Bronchitis, Tuberculosis, Sinusitis, other Lung problems |  |  |  |
| 1. Serious Eye Problems |  |  |  |
| 1. Ear problems / Deafness |  |  |  |
| 1. Nervous Illness |  |  |  |
| 1. Diabetes |  |  |  |
| 1. Allergy (particularly to insects / bites); |  |  |  |
| 1. Bone or Joint Injury |  |  |  |
| 1. A carrier status for any infectious disease (eg Chicken Pox) |  |  |  |
| 1. Medication treatment within the last 2 years |  |  |  |
| 1. Requires routine medication |  |  |  |
| 1. Others, please specify: |  |  |  |

In an emergency, I (name of parent / guardian), of (relationship to student),   
 (name of student) of Primary (class) can be contacted at (contact number).