**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).