

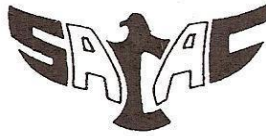
**TAX INVOICE**GST REG NO. M9-0005212-G  
BUSINESS REG NO. 31495-9

CHARGES : \$ \_\_\_\_\_

LATE FEE: \$ \_\_\_\_\_

TOTAL CHARGES:  
(inclusive of GST)

\$ \_\_\_\_\_

**SINGAPORE AMERICAN COMMUNITY ACTION COUNCIL**  
40 Woodlands St. 41, Singapore 738547. Tel: 6363-6454 Fax: 6368-9757  
sacac@sas.edu.sg www.sacac.com**PAID**

CASH \_\_\_\_\_

NETS \_\_\_\_\_

BANK \_\_\_\_\_

CHECK # \_\_\_\_\_

IN \_\_\_\_\_

RB \_\_\_\_\_

**SACAC SPORTS REGISTRATION FORM** I have registered and paid for this year's SACAC Membership

<b>SOFTBALL (please check one)</b>	<b>COST</b> (incl. GST)
<input type="radio"/> 1 <sup>st</sup> /2 <sup>nd</sup> Coach Pitch <input type="radio"/> 3 <sup>rd</sup> /4 <sup>th</sup> Machine Pitch	
<b>SOFTBALL (please check one)</b>	<b>COST</b> (incl. GST)
<input type="radio"/> 5 <sup>th</sup> /6 <sup>th</sup> Junior Girls <input type="radio"/> 7 <sup>th</sup> /12 <sup>th</sup> Senior Girls <input type="radio"/> Fall Pre-Season	

Please make check payable to "SACAC".

**Student Info:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Sex: M F Circle one

**Parent Info:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Attention Parents:**

SACAC PROGRAMS CAN ONLY TAKE PLACE WITH VOLUNTEER HELP.

Please check off one of the areas below that you are willing to help with:

 Commissioner       Head Coach       Assistant Coach       Team Mom

Comments/Other Information ( Medical or Otherwise): \_\_\_\_\_

**LATE FEE & REFUND POLICY**

Registrations received after the official last day of registration will be subject to a \$25.00 late fee and processed on a space available basis only. Please add \$25 to your payment. Refunds are not given once the season begins. A \$25 administrative fee will be applied for refunds given before the season begins.

**WAIVER**

I hereby agree to allow my son/daughter to participate in the SACAC sports program and will not hold SACAC, Singapore American School, their respective staff and employees, the members of the SACAC Board, the coaches or the outsource coaches and companies liable for any loss or damage to property, or personal injury or death that may occur before, during or after the sports program. My son/daughter and I are fully aware of the risks inherent in and associated with the sports program, and with the particular activities in the sports program which my son/daughter wishes to undertake. SACAC does not carry individual liability and accident insurance for any of the participants and, therefore, requires that I assume full medical and financial responsibility. In event of my absence, I hereby authorize the coaches to sign for and to consent to on my behalf, any medical treatment that may be deemed necessary.

SIGNATURE: \_\_\_\_\_

(PARENT/GUARDIAN)

DATE: \_\_\_\_\_

White – SACAC

Blue – Accounts

Pink – Receipt