

O School Course Form

Personal Particulars:

Full Name:																																		
NRIC: (For Local Applicats)																Contact Number:																		
S																																		
FIN / Passport Number: (For Foreign Applicants)																																		
E-mail Address:																																		
Address:																																		
Postal Code:																																		
															Date Of Birth:																			
															Gender:																			
															M / F																			

Which course are you joining?

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Hip Hop I | <input type="checkbox"/> Hip Hop II | <input type="checkbox"/> Hip Hop III | <input type="checkbox"/> LA/Ly.HH |
| <input type="checkbox"/> Reggae I | <input type="checkbox"/> Reggae II | <input type="checkbox"/> Popping I | <input type="checkbox"/> Popping II |
| <input type="checkbox"/> Waacking I | <input type="checkbox"/> Waacking II | <input type="checkbox"/> Locking I | <input type="checkbox"/> Locking II |
| <input type="checkbox"/> Street Jazz I | <input type="checkbox"/> Street Jazz II | <input type="checkbox"/> K POP | <input type="checkbox"/> Contemporary Jazz |
| <input type="checkbox"/> B-Boy I | <input type="checkbox"/> B-Boy II | <input type="checkbox"/> Platinum Course | |

Declaration

- (1) I certify that all information provided herewith is true and accurate. I acknowledge that I am in good health and do not have any history of a medical or physical condition.
- (2) Save for as provided in paragraph (3) below, I acknowledge that any Course fee paid or payable for the above Course is non-refundable and non-transferable unless agreed to by O School.
I further agree that O School is not required or obligated to make-up any missed Courses or classes by me.
- (3) In the event that I wish to cancel my Course due to my illness, I undertake to submit a medical certificate to O School and subject always to O School's approval of the medical certificate, I may be entitled to a refund of up to, but not exceeding, 60% of the total amount of Course fee paid by me to O School.
- (4) I further understand that I shall not be entitled to change the Course I have signed up herein unless I have informed O School of my intention to change the Course no less than 1 month before the commencement of the course.
I also understand that such change shall be subject to availability and approval of O School.
- (5) In consideration of my acceptance, I agree to assume the risks involved in and incidental to my participation in the Course indicated above (which risks may include but not be limited to muscle injuries and broken bones) and releases and forever discharges O School from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation in the Course.

Name & Signature of Applicant

Date