



Maximum Wellness
 Registered Business License: 53180494A
 Corporate Office: 18 Boon Lay Way #09-137
 TradeHub 21 Singapore 609966
 Website: singaporelaughteryoga.com
 Email: singaporelaughteryoga@gmail.com

**Paste your
 colour passport
 size photograph
 Size : 3.5 X 3.5 cm*

Registration Form

Certificate in Cardiopulmonary Fitness and Exercise Motivation (Laughter)

Registration Fee - S\$30.00 (non-refundable)

Course Fee – S\$650.00

Intake Date: _____ and _____

Time : 9am to 6pm (both days)

**It is compulsory to fill in all the blanks otherwise stated.*

*PERSONAL PARTICULARS

Full name (as stated in your NRIC or passport):		Family name, surname:	
NRIC/Passport No:		Date of birth (ie 08-Aug-1965):	
Email address (in CAPS):		Gender (circle either one): M / F	
Residential address:		Postal Code:	
Contact number: (Home)	Contact number: (Mobile)		
Do you have a valid CPR + AED + SFA qualification? (circle either one): Yes / No		Occupation:	
How did you hear about us (tick either one):			
<input type="checkbox"/> Email invitation <input type="checkbox"/> Singapore Kickboxing Club Website <input type="checkbox"/> Friends : _____ <input type="checkbox"/> Social Media <input type="checkbox"/> Found online <input type="checkbox"/> Skillsfuture Credit			

*ACADEMIC QUALIFICATIONS

Name of School:	Qualification:	From (MMM-YY):	To (MMM-YY):

*OTHER RELATED CERTIFICATE OR QUALIFICATION (ie, CPR + AED)

Date of Attainment:	Certification/Qualification:

*RELEVANT EXPERIENCE (please indicate in bullet form)			
Name of School:	Qualification:	From (MMM-YY):	To (MMM-YY):

Payment mode (please select the relevant options):

	Cheque (payable to "Maximum Wellness")
	Cash
	Bank Transfer : POSB Saving Account No 126-95251-1
	Bank Transfer : Maximum Wellness's Maybank Account No 04161059952
	Skills Future Credit (30days before the course date)

**Official invoices/receipts will be issued upon confirmation of the completed registration form and selected of payment mode.*

Email completed registration form to HAHA@SINGAPORELAUGHTERYOGA.COM by **4 weeks before the course date**

Or you may book your appointment with us by visiting our office to sign up your course in 2 days advance via text to **+65 8298 5915**

TERMS AND CONDITIONS

1.	Enrolment of the course above creates a binding agreement to follow the course to pay the <u>FULL</u> course fees. *Take note that all fees paid are non-refundable as a placement was allocated to you with your commitment to attend the respective course date.
2.	<p><u>PAYMENT CONFIRMATION:</u></p> <p>a) <u>For Cheque payment mode</u>, kindly written as payable to <u>MAXIMUM WELLNESS</u> need to hand over or mail to our office address before 4 weeks of the course date and also kindly inform us via email to us with the status of the mailing payment cheque otherwise you may hand over to our office together with the completed registration form.</p> <p>b) <u>For Cash payment mode</u>, kindly inform us via calling/texting at +65 8298 5915 (appointment basis at our office) at least a day in advance.</p> <p>c) <u>For Bank transfer payment mode</u>, kindly inform us via email with the <u>reference no/receipt no</u> and indicate the <u>transfer time/date</u> with the completed registration form attached.</p> <p>d) <u>For SkillsFuture Credit payment mode</u> – Select <u>pay to "training provider"</u> (claimable up to S\$500.00) <u>*30 days before the course date date</u> and the applicant will required to made a payment of <u>S\$180.00</u> in CASH/BANK TRANSFER and the balance from the <u>Skillsfuture Credit Claim</u> with the guide to claim for skillsfuture credit provided by the coordinator.</p>

	<u>*An acknowledge email with official invoices/receipts will be issued upon received the completed form and payment have made within 14 working days.</u>
3.	The full cost of the course will be imposed even for participants who register and do not attend the course. *Unless special arrangement was told in advance with <u>valid documentation provided.</u>
4.	Maximum Wellness reserves the right to make adjustments to the course schedule, or to postpone the course.
5.	Maximum Wellness reserves the right to reject any participants from signing up for this course.

Declaration

I hereby declare that all information given in this application form is true and complete. I understand that provision of any false information may result in the application being declined.

I have agreed to fulfil a minimum of 75% attendance to participate in this program.

I have agreed that I am physically fit to participate in this program.

I have agreed that I will fulfil the assessments including; formative, e-learning and summative as required of this program.

I have agreed that I will not hold Maximum Wellness, their appointed staff or officials, responsible for any mishaps, injuries, damages or loss of life and / or property that may occur during the program and from any component/s of the course whether online or offline, or as a result of participating in this program. I will indemnify Maximum Wellness, their appointed staff or officials, against any actions, proceedings, liabilities, claims, damages and expenses by any party however arising out of or in connection with this course.

I acknowledge that I have read all the contents contained in this application form and have fully understood them. By signing below, I am waiving any rights that I may have to bring legal action to assert a claim against MAXIMUM WELLESS and all its affiliates for any negligence.	Signed by Participant
	Participant's name:
	Date:

FOR OFFICIAL USE	
Application Form Received Date	Application ID No.