



Cyberspace Risks & where U Seek Help

Date: 16 - 19 June 2010
Time: 10-6pm
(Varies with activities, details will be given at 1st session)
Venue : Blk 162, Bukit Merah Central , Level 5
PlanetCRuSH Cyber Wellness Center
Target : Youths only

Participant's Details:

Name _____
(as in NRIC)
Contact Num _____ Email _____
Address _____

Parent/Guardian's Details:

Name _____
(as in NRIC)
Contact Num _____ Email _____
Address _____
(if different) _____

Payment Methods:

Fee: \$160/pax

By Cash

By Cheque

Cheque No. _____ Bank _____
(Please make a crossed cheque to "TOUCH Youth Ltd", writing "TYL - CWEP" at the back of cheque)

Complete and send this form back to us with payment through the following:

Fax: 6271 5449 OR Email: cyberwellness@touch.org.sg



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CYBER WELLNESS ENRICHMENT PROGRAMME
16 – 19 June 2010
Parents/Guardian Consent and Indemnity Form

(For Participants 18 years & below)

I, father/mother/guardian*, _____, _____
(Full Name) (NRIC Number)

hereby give consent to _____, _____
(Full Name) (NRIC Number)

to participate in the Cyber Wellness Enrichment Programme.

I will not hold TOUCH Youth Ltd responsible for any accidents, mishaps or personal injuries caused to my child/ward* during the course of the programme.

Signature

Date

In event of emergency please contact

Name: _____

Relationship: _____

HP No.: _____

Office No.: _____

Home No.: _____