

## CYBER WELLNESS ENRICHMENT PROGRAMME

**Date** : February 2010 – April 2010  
**Time** : 2:00pm to 5:00pm  
(Varies with activities, details will be given at 1<sup>st</sup> session)  
**Venue** : Blk 162, Bukit Merah Central , Level 5  
PlanetCRuSH Cyber Wellness Center  
**Target** : Youths only

**Participant's Details:**

**Name:**

(as in NRIC) \_\_\_\_\_

**Contact No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent/Guardian's Details:**

**Name**

(as in NRIC) \_\_\_\_\_

**Contact No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:**

(if different) \_\_\_\_\_

I would like to sign up for the following sessions

- Pathological Gaming Profile
- Self Awareness: Multiple Intelligence
- Structured Learning: Basketball
- Self Awareness: D.I.S.C. Personality
- Adventure Learning: Fishing
- Adventure Learning: Kayaking
- Adventure Learning: Jungle Hiking
- Graduation & Gaming Day
- All the above

**Payment Methods:**

Fee: \$30 per session or \$160 for 8 sessions

By Visa/MasterCard

Credit Card No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Security Number (4 Digit Number at back of Card) \_\_\_\_\_

Signature

***(Fax back at least 2 weeks before date of programme, bank administration charges apply)***

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](mailto:cyberwellness@touch.org.sg)

**CYBER WELLNESS ENRICHMENT PROGRAMME**  
**(February 2010 – April 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 8 sessions of 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.: \_\_\_\_\_