



**Maximum Wellness**  
 Registered Business License: 53180494A  
 Corporate Office: 3 Soon Lee Street  
 #05-24, Pioneer Junction Singapore 627606  
 Website: singaporelaughteryoga.com  
 Email: singaporelaughteryoga@gmail.com

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

### Registration Form

**Certificate in Exercise Psychology & CardioLaugh**  
**Registration Fee - S\$50.00 (non-refundable)**  
**Course Fee – S\$400.00**  
**Intake Date: \_\_\_\_\_ and \_\_\_\_\_**  
**Time : 9.30am to 6.30pm (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 Laughter Yoga Website <input type="checkbox"/> Friends : _____ <input type="checkbox"/> Social Media <input type="checkbox"/> Search Engine : _____ <input type="checkbox"/> UTAP	

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

*OTHER RELATED CERTIFICATE OR QUALIFICATION (ie, CPR + AED)	
Date of Attainment:	Certification/Qualification:

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

**Payment mode (please select the relevant option):**

Bank Transfer : Maximum Wellness's Maybank Account No 04161059952
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*\*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](mailto:HAHA@SINGAPORELAUGHTERYOGA.COM) by 10 calendar days before the course date

**TERMS AND CONDITIONS**

1.	Enrolment of the course above creates a binding agreement to follow the course to pay the <b><u>FULL</u></b> 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><b><u>PAYMENT CONFIRMATION:</u></b></p> <p>a) <b><u>For Bank transfer payment mode</u></b>, kindly inform us via email with the <b><u>reference no/receipt no</u></b> and indicate the <b><u>transfer time/date</u></b> with the completed registration form attached.</p> <p>b) <b><u>For UTAP (after completed the course) –</u></b></p> <ul style="list-style-type: none"> <li>• Login to the <b><u>U Portal account</u></b> to submit the UTAP application.</li> <li>• NTUC Members should apply for their UTAP claim <b><u>within 6 months after course ends</u></b>.</li> <li>• Late applications will be rejected</li> </ul> <p><b><u>*An acknowledge email with official invoices/receipts will be issued upon received the completed form and payment have made within 7 working days.</u></b></p>
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 <b><u>valid documentation provided</u></b> .
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 that the course arrangements are subjected to changes.

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.	<b>Signed by Participant</b>
	Participant's name:
	Date:

<b>FOR OFFICIAL USE</b>	
Application Form Received Date	Application ID No.