

# NUS Aikido (Club Member Registration Form)

Training Schedule: Every Tues and Fri, 7pm - 9pm  
Venue: Refer to <https://www.facebook.com/nus.aikido/>

For queries, email [aikidonus@gmail.com](mailto:aikidonus@gmail.com)

## Personal Details and Contact Information

Last and First Names [Required]

Email Address [Required]

Valid input:

- name@myschool.edu

Mobile Number [Required]

(Once you join us as a member, we will add you to our WhatsApp group to communicate important information to you, such as training venues)

Valid input:

- Numeric - ex: 1111

Gender [Required]

Valid input:

- Select only one choice.

Female

Male

## Academic Information

Faculty/School [Required]

(NA for non-students)

Year of Study [Required]

(NA for non-students)

Are you interested in joining Aikido Exco? [Required]

Yes

No

Maybe

## Personal Data Protection Agreement

A. Specific purpose and use of data collected

Please provide the requested information by completing this form if you wish to join NUS Aikido. Your data as provided in this form will be used and disclosed for the following purposes: Verification and Information Dissemination.

B. Consent from participants to provide personal data and its usage

By submitting this form,

Photos and Videos Consent [Required]

I consent to photographs and videos being taken of me for the purpose of NUS' and NUS Aikido's marketing and publicity purposes in print, electronic and social media. NUS and NUS Aikido shall not be responsible for photographs and/or videos taken by unauthorised persons during the Event.

Valid input:

- Select only one choice.

I Agree

Mailing List (Email) [Required]

Please add me to NUS Aikido mailing list to receive information about future events and updates.

Valid input:

- Select only one choice.

Yes

C. Allow for withdrawal of consent

To help you make an informed decision in withdrawing your consent as given above, please note that there is no consequences for withdrawing. Should you wish to withdraw your consent as given, please send us your email notification to aikidonus@gmail.com. We will then remove your email address information from our database. Please allow 5 business days for your withdrawal of consent to take effect.

Personal Details Consent [Required]

I, as part of joining NUS Aikido, consent to National University of Singapore (NUS) through NUS Aikido collecting, using and/or disclosing my personal data to third parties (including any third party located outside of Singapore) for the purpose of administering and managing NUS Aikido.

Valid input:

- Select only one choice.

I Agree