



2026 MOE-OBS Challenge Programme - ABC Secondary School

🕒 20 mins estimated time to complete

Instructions

1. Only a Parent/Legal Guardian of the Participant may complete this Registration Form on behalf of the Participant if the Participant is below 18 years old. The submission of a completed Registration Form by the Participant or Parent/Legal Guardian of the Participant indicates your interest to enrol the Participant into the MOE-OBS Challenge Programme (the "Course").
2. Medical recommendation of fitness by a "physician" is required. A "physician" refers to

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2. Medical recommendation of fitness by a "physician" is required. A "physician" refers to a medical practitioner registered under the Medical Registration Act (Chapter 174). MOE-OBS will review the application against the Course's programme intensity and operational considerations. MOE-OBS reserve the right to reject applications if assessed not suitable at this time.
3. The information you shall provide is taken as complete, true and accurate to the best of your knowledge, and you are taken to have read the "Important Note" provided at <https://go.gov.sg/moeobs-importantnotes> and to have understood the Course participation requirements, including permission to administer over-the-counter medication and specified non-over-the-counter medications to the Participant if necessary.
4. It is a requirement to notify MOE-OBS if the

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Log in with Singpass

Sign in with Singpass to access this form.
Your Singpass login details **will be included** with your form submission.

1. Login with **your SingPass**
2. eRegistration completed with your child's SingPass will be rejected

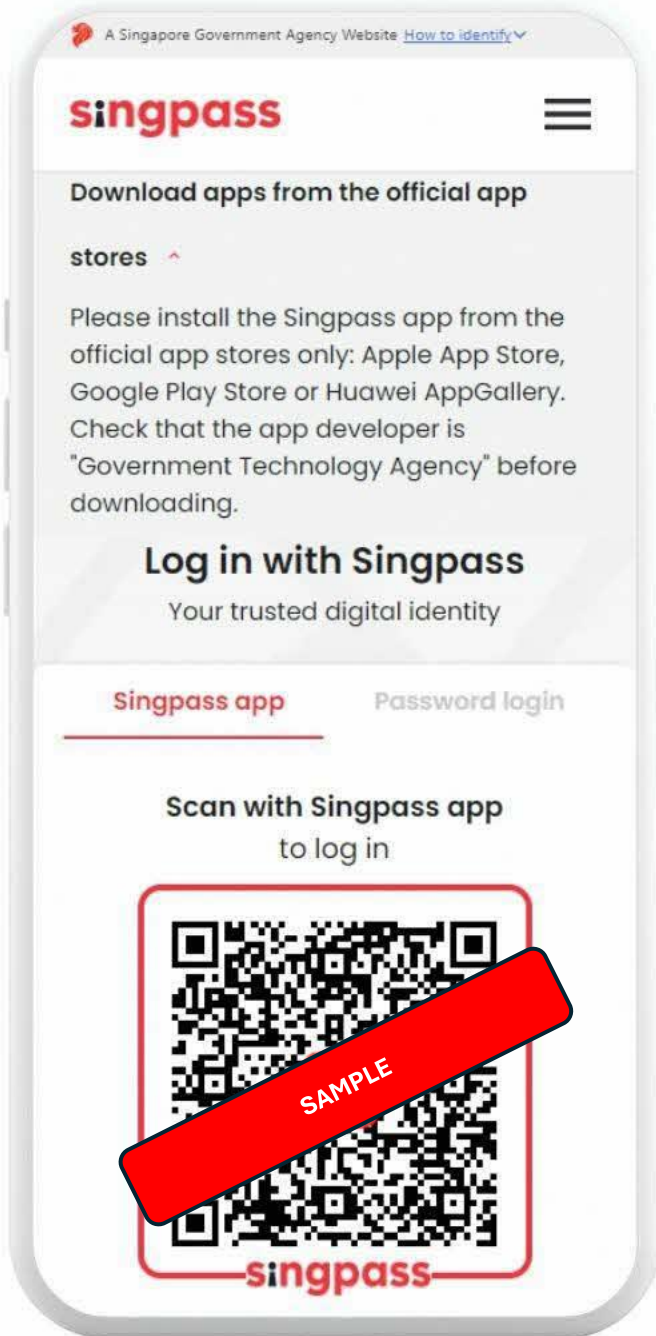
Form

Guide

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1. Name

PHUA CHU KANG

Your name is auto-filled

2. Email (Parent/Legal Guardian)

An acknowledgement comprising full details of the declaration will be sent to the email address provided. Please ensure that the email address provided below is accurate.

3. Mobile number

9876 5432

4. Alternate Contact Number (Parent/Legal Guardian) (optional)

8123 4567

5. Relation to Participant

Select an option

6. Are you also the Participant's emergency contact during the Course?

Ensure the contact person can be reached for the full duration of the course

No Yes ?

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Part 1: Participant's Personal Information

7. Birth Certificate Number / NRIC Number / Foreign Identification Number (Participant)

8. Full Name (Participant)

as it appears in the Participant's Personal Identification Document

9. School (Participant)

Select an option

10. Class (Participant)

Select an option

11. Residential Status (Participant)

☐ Singapore Citizen

☐ Singapore PR

☐ Foreigner

Provide your child's details

12. Date of Birth (Participant)

dd/mm/yyyy



13. Race (Participant)

Select an option



14. Sex (Participant)

☐ Male

☐ Female

15. Email (Participant)

Please provide your child's personal email address to receive course materials (e.g. digital certificate and watch photo)

16. Registered address

411 CHUA CHU KANG AVE 3, #12-3, SINGAPORE

Registered address is
auto-filled

17. Dietary Requirements (if any) (optional)

All meals provided will be Halal-certified and no beef will be provided. OBS may not be able to support Participants with complex dietary requirement,



☐ Vegetarian (does not contain onion and garlic)

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☐ Vegetarian (does not contain onion and garlic)

☐ G6PD

☐ Gluten Free

☐ Lactose Intolerant

Select dietary requirements,
if applicable

Specific meal preferences
cannot be provided

Part 2: Participant's Health Information

Health information provided must be comprehensive and recent for the assessment of the Participant's participation in the Course. Ensure the declaration of health information takes place within six (6) months before the start of the Course.

18. Tetanus vaccination is mandatory for the programme. Do ensure that it is taken within the last 10 years and sufficient to cover the entire duration of the programme.

- Tetanus is a disease caused by the bacteria, Clostridium tetani, which is commonly found in soil, dust and contaminated object. The bacteria can enter the body through tears or splits in the skin, burns and eye injuries.

- Tetanus is a preventable disease through vaccination to prevent tetanus infection



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18. Tetanus vaccination is mandatory for the programme. Do ensure that it is taken within the last 10 years and sufficient to cover the entire duration of the programme.

- Tetanus is a disease caused by the bacteria, Clostridium tetani, which is commonly found in soil, dust and contaminated object. The bacteria can enter the body through tears or splits in the skin, burns and eye injuries.
- Tetanus is a preventable disease through vaccination to prevent tetanus infection especially in the outdoors.
- For more information on tetanus vaccination, please visit <https://www.healthhub.sg/a-z/medications/tetanus-vaccine>

- ☐ I acknowledge the risks of tetanus and the mandatory requirement of vaccination for programme participation. The participant is solely responsible for possessing a valid tetanus vaccination covering the entire programme duration. Failure to comply may expose the participant to risks, and MOE-OBS is not liable for any resulting consequences or inaction. If you are unable to receive tetanus vaccination due to medical reasons, please reach out to the Teacher Coordinator.



19. Weight (Participant)

Provide information in kilograms (kg)

20. Does the Participant experience chest pain during activities of daily living or physical activity in the past 6 months?

No	Yes
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Diagnosed Medical Condition

Additional information may be required depending on the medical condition(s)

21. Does the Participant have any diagnosed medical condition?

e.g. Breathing, Heart, Blood Condition, Epilepsy, Bone/Joint/Muscle/Tendon Condition or Infectious Disease

No	Yes
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22. Sleep-walking within the last 12 months from the date of course

For safety reason, Participants with sleep walking condition within the last 12 months will not be allowed to camp overnight. Contact the Teacher Coordinator to make arrangements on the daily dismissal and reporting.

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No	Yes
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23. Does the Participant have any behavioural/psychological conditions?

e.g. ADHD / ASD / OCD / eating disorders / anxiety / depression

No	Yes
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24. In the last 2 months, has the Participant shown signs of self-harm or aggression towards himself/herself or other(s)?

No	Yes
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25. Does the Participant have any allergy?

e.g. Allergy to medication / environmental factors / food items

No	Yes
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Declare allergies, if any

Any Other Medical Conditions, Recent Surgery or Long-Term Prescribed Medications

26. Does the Participant have any other medical condition(s), recent surgery, or long-term prescribed medications that have not been listed above?

e.g. Diabetes, hearing/visual/movement impairment, Allergic Rhinitis, Eczema, difficulty handling heavy load, previous heat injury, require use of medical devices/implant or prosthesis and challenges in interacting with others in an unfamiliar setting (i.e. outdoor camping).

No	Yes
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Part 3: Declaration, Acknowledgement & Consent

27. General Declaration, Acknowledgement & Consent

a) I declare and confirm that all the information provided is complete, true and accurate to the best of my knowledge, and there is no undisclosed information that would affect the Participant's suitability to participate in the Course.

b) I understand all information will remain confidential and agree that MOE-OBS may obtain additional information from the Participant's school/ organisation (applicable) to ensure safe participation and if necessary, release the condition to the peers in the group if MOE-

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Please read through Part 3
before ticking the boxes that follow

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b) I understand all information will remain confidential and agree that MOE-OBS may obtain additional information from the Participant's school/ organisation (if applicable) to ensure safe participation and if necessary, disclose the condition to the peers in the group if MOE-OBS consider it necessary for the purpose of safe peer and/or group management.

c) I acknowledge that additional medical information may be required for enrolment into the Course and agree to be responsible for any charges associated.

d) I agree to promptly inform MOE-OBS of any change in the information provided.

e) I acknowledge that the Course involves different frequency of meal times and activities such as, but are not limited to: land- and/or sea-based component(s) such as kayaking/rowing/sailing in the sea/reservoir/waterbody, trekking with load on uneven terrain, traversing at heights on high rope courses and camping outdoors in tents. These activities may be conducted in all weather conditions, over prolonged duration in the day.

f) I give permission for MOE-OBS to administer any medical treatment that MOE-OBS deems necessary to maintain the Participant's well-being during the Course. I give permission for MOE-OBS to seek medical

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If I have declared that the Participant has any behavioural/psychological condition(s), I understand and accept that given the Participant's condition, and the nature of the Course, participation may involve additional risks arising from:

- Exposure to physical, mental, social and emotional challenges that may have influence on the Participant's ability to manage himself/herself;
- Group supervision which requires the Participant to be able to understand and follow safety instructions and procedures without individualised attention by the OBS Group Instructor;
- Possible adverse reaction of the Participant to the Course and/or peers in the same group due to the condition; and
- Access to emergency medical services and/or special management of triggered condition on mainland Singapore being delayed depending on the location of the Participant, the nature of the terrain, prevailing weather conditions and other factors beyond OBS' control, at times by up to 2 hours (please note that 2 hours is an estimated timing as there could be factors beyond OBS's control that may increase the timing).

l) I understand and accept the above and that safety procedures are in place to minimise risks, but complete elimination of these risks is not possible in the outdoor environment.

m) I acknowledge that participation in the MOE-OBS Course is voluntary.

n) I give consent to MOE-OBS to disclose the Participant's condition to the peers in the group if OBS consider it necessary for the purpose of safe peer and/or group management.

If I have declared that the Participant has a sensitivity to medication, environmental and/or food allergen(s), I

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If I have declared that the Participant has a sensitivity to medication, environmental and/or food allergen(s), I understand and accept that given the level of the Participant's sensitivity to allergen(s), the Participant's ability to manage the condition, and OBS's limited ability to control the Participant's contact with either known or unknown allergens:

o) I acknowledge the risks of, and agree to, the Participant's participation in the Course where access to emergency medical services could be up to 2 hours away. (I note that 2 hours is an estimated timing as there could be factors beyond OBS' control that may increase the timing.)

Consent for Collection, Use and/or Disclosure of Personal Data For Course-related Purposes

p) The Participant's personal information, including any photographs and videos of the Participant during the Course, will be used for Course-related purposes. I also understand and agree that, where appropriate, necessary information may be shared with other government/public agencies, so as to improve the discharge of public functions and to serve me in the most efficient and effective way, unless such sharing is prohibited by law.

q) OBS may send the Participant information related to the Participant's Course experience. For this purpose, we may use the contact information provided in this registration form or any other contact information separately provided by the Participant.

☐ By submitting the registration form, I declare and confirm that I have read, fully understood and agree to all the parts in this form and I consent/grant my consent for the Participant to participate voluntarily in the Course. You may refer to <https://go.gov.sg/2024moc->

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☐ By submitting the registration form, I declare and confirm that I have read, fully understood and agree to all the parts in this form and I consent/grant my consent for the Participant to participate voluntarily in the Course. You may refer to <https://go.gov.sg/2024moc-consent> for a copy of the General Declaration, Acknowledgement & Consent.

28. OBS is a division of the National Youth Council family, which provides opportunities for youth to be heard, be empowered, and be the change. NYC (including Youth Corps Singapore) will email curated programmes and events that best match your child's interest. These include volunteering opportunities from Youth Corps Singapore, Discover On My Way! (an education and career exploration portal), and other personal development programmes. Your child can join a

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They can opt out at any time by clicking an unsubscribe link in the emails. Else, you can check the box below to opt out.

☐ I DO NOT consent to the contact information provided in this registration form being used for NYC publicity

29. Consent for photograph and/or videography for publicity purposes (optional)

☐ I DO NOT consent to photographs and videos of the Participant being used for sharing of the Course experience in newsletters and/or publicity materials.

If you would like to find out more information about the MOE-OBS Challenge programme, please visit <https://www.nyc.gov.sg/moc/>

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Click the button
to ensure
the eRegistration is submitted

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