



跳水推廣計劃 (2023-2024)

(Organized by HKGSA and subvented by LCSD / 由中國香港游泳總會主辦 康樂及文化事務署資助)

2023-2024 中級班評核試

報名表格

姓名：〔中〕 _____ 〔英〕 _____

出生日期： _____ 年 _____ 月 _____ 日 身份證明文件號碼： _____

聯絡電話：〔1〕 _____ 〔2〕 _____

本人曾參加本年度跳水推廣計劃：

初級班：泳池名稱 _____

中級班：泳池名稱 _____

報名項目*〔請圈出參加的項目〕：

男子組一米跳板	男子組三米跳板
女子組一米跳板	女子組三米跳板

Applicants aged 18 or above must sign this declaration

I declare that: I am healthy, physically fit, and suitable to participate in this activity. I acknowledge that I am fully aware of all the risks inherent in this activity and agree to assume all of those risks. The Hong Kong Amateur Swimming Association and Leisure and Cultural Services Department shall not be liable for any injury or death which I may suffer in this activity, if the cause of injury or death is due to my own negligence or inadequacy in health and fitness. I understand that if I doubt my ability, I should consult a doctor before taking part in this activity.

年滿十八歲或以上的申請人須填寫此聲明

我聲明：我的健康及體能良好，適宜參加是此活動。本人確認絕對知悉參加此項活動的危險，並同意承受所有這些危險。如果我因本人的疏忽或健康或體能欠佳，而引致於參加這項活動時傷亡，香港業餘游泳總會及康樂及文化事務署則無須負責。本人明白如對本身的身體狀況有懷疑，應於參加此活動前，徵詢醫生的意見。

Signature of applicant 申請者簽署： _____ Date 日期： _____

For Applicants aged below 18, this part should be completed by his/her parent

I declare that: _____ (applicant's name) is healthy, physically fit, and suitable to participate in this activity. Applicant acknowledges that he/she is fully aware of all the risks inherent in this activity and agrees to assume all of those risks. The Hong Kong Amateur Swimming Association and Leisure and Cultural Services Department shall not be liable for any injury or death which applicant may suffer in this activity, if the cause of injury or death is due to his/her own negligence or inadequacy in health and fitness. Applicant understands that if he/she doubts his/her ability, he/she should consult a doctor before taking part in this activity.

未滿十八歲的申請人須由家長填寫此聲明

我聲明：(申請人姓名)的健康及體能良好，適宜參加是此活動。申請人確認絕對知悉參加此項活動的危險，並同意承受所有這些危險。如果申請人因他/她的疏忽或健康或體能欠佳，而引致於參加這項活動時傷亡，中國香港游泳總會及康樂及文化事務署則無須負責。申請人明白如對本身的身體狀況有懷疑，應於參加此活動前，徵詢醫生的意見。

Parent's Signature 家長簽署： _____

Date 日期： _____

In case of any emergency, please contact 如有任何緊急事情，請代通知：

Name in English : _____ 中文姓名： _____
電話號碼： _____ 關係： _____

1. 你所提供的資料只供本會活動報名事宜之用。遞交申請表後，如更改或查詢你申報的個人資料，可與本會職員聯絡。
2. 截止日期：2023年10月4日(星期三)