主辦機構： 中國香港游泳總會 Hong Kong China Swimming Association

資助機構：

Young Athletes Artistic Swimming Training Scheme 2024 - 25
青苗韻律泳培訓計劃 2024 - 25

Name in block letters (surname first) 英文姓名：請以正楷填寫 (先寫姓氏)

Name in Chinese 中文姓名：

Date of Birth 出生日期：

D日 M月 Y年

Sex 性別：

Contact Tel no. 聯絡電話號碼：

HKID Card / Passport no. 香港身份證 / 護照號碼：

(The first 4 digits/頭4位數字)

Contact Address 通訊地址：(Please fill in English 請用英文正楷填寫)

E-mail Address 電郵地址 **(Must Fill-in/必須填寫)**：

In case of emergency, please contact 如有緊急事故，請通知：

Name in English 英文姓名：

Name in Chinese 中文姓名：

Tel no. 電話號碼：

Relationship 關係：

Remark: Collection of Personal Data (Privacy) will be used for Registration only. For correction of or access to personal data after submission of this form should be made in writing to the HKGSA office.
備註：你所提供的個人資料只供本計劃報名之用。如欲更改或查詢你申報的個人資料，請向本會作出書面申請。

Declaration 責任聲明

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 China 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：

Parent's name and relationship with applicant 家長姓名及與申請者關係:

For official use		
HK $1500.00	Cheque：	Receipt: