主辦:

資助:

Diving Promotion Scheme 2024-2025
2024-2025 年度跳水推廣計劃
Application Form 報名表格

Elementary 初級班 ☐ / Intermediate 中級班 ☐ / Refinement 改良班 ☐

Course Venue 上課地點:_____ Course Code 課程編號:_____

Personal Information 個人資料

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：_____ Sex 性別：_____

Date of Birth 出生日期：_____日_____月_____年 HKID Card / Passport no. 香港身份證 / 護照號碼：_____

Contact Address 通訊地址：_____

Contact Tel no./聯絡電話號碼：_____ 使用 Whatsapp 群組: ☐ (同意請在方格內"✓") 曾參與本計劃之年份及班別編號：_____

Email Address 電郵地址 (請以正階清楚填寫，本會將以電郵方式發放資訊) _____

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

Name in English 英文姓名: _____ Name in Chinese 中文姓名: _____

Tel no. 電話號碼：_____ Relationship 關係：_____

The information provided by you will only be used for the enrollment and promotion of recreation and sports activities organized by our Association and the subvented party, future contact purpose and opinion survey. For correction of or access to personal data after submission of this form, please contact the staff of our Association.
你所提交的資料只用於本會與及資助機構的康體活動報名事宜、統計、日後聯絡及活動意見調查之用。在遞交申請表後，如欲更改或查詢你申報的個人資料，可與本會職員聯絡。

Declaration 責任聲明

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 China 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 am doubt of 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。我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。我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 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 is doubt of 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。我及申請人明白如對申請人的身體狀況有懷疑，應於參加此活動前，徵詢醫生的意見。

Parent's/ Guardian's Signature 家長/ 監護人簽署: _____ Date 日期：_____a

連同以下文件遞交:		
☐身份証明文件副本	☐ 出席證書	☐ 劃線支票