中國香港游泳總會
Hong Kong China Swimming Association
中國香港韻律泳訓練組運動員申請表格
Artistic Swimming Training Squad Member Application Form

更新於2025年10月3日

Please Select:

☐ Current National Squad member 現役香港隊成員
☐ Current National Squad (Junior) member 現役香港(青年)隊成員
☐ New Applicant 新申請成員
☐ Current Regional Squad member* 現役地區青年隊成員*
☐ Current Junior Athletes Member 現役青年隊成員
☐ Current Young Athletes Member 現役青苗成員

*現役地區青年隊成員是否參與香港青年隊(NSJ)訓練組考核
☐ 參與 / ☐ 不參與

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：_____ Age 年齡：_____

Artistic Swimming Star Award Qualification 韻律泳星章資格：_____ Star Certificate 星証書

Date of birth 出生日期：
M 月 Y 年

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：

Contact tel no. 聯絡電話號碼：

E-mail Address 電郵地址：

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

Name in English：_____ 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

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 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，中國香港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 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:

Endorsement by respective HKGSA Member Club/ Affiliation Club 由所屬泳總會員/屬會批核

Date 日期 | ^Club's Authorised Signature 屬會授權人簽署 | Name & Title 姓名及職銜 | Club Chop 屬會會印

Remark 備註: ^Only previously provided "Authorized Signature" (s) & Club Chop" will be accepted. 本會祇接受屬會資料表提交之簽名樣本及會印式樣。