



HONG KONG CHINA SWIMMING ASSOCIATION

Unit L, 9/F, MG Tower, 133 Hoi Bun Road, Kwun Tong, Kowloon

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Hong Kong Novice Diving Championships 2024

二零二四年香港新秀跳水錦標賽

ENTRY FORM 報名表格

Remark: The information provided by you will only used for the enrolment by our Association. For correction of or access to personal data after submission of this form, please contact the staff of our Association.

你所提供的資料只供本會活動報名事宜之用。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。

Sex 性別： Male 男 / Female 女 HKGSA Registration Number 泳總註冊號碼： _____

Name 姓名(英文)： _____ 中文姓名： _____

Date of Birth 出生日期(dd-mm-yyyy)： _____ - _____ - _____ Age 年齡： _____

Address 地址： _____

I.D. No. 身份證明文件號碼： _____ Club 屬會： _____

Contact Tel. No. 聯絡電話號碼： _____ Fax No. 傳真號碼： _____

Event to be entered 報名項目 (Please "✓" the appropriated box 請"✓"上所選項目：)

Event 項目	Women Novice 女子新秀	Men Novice 男子新秀	Event Sub-Total (\$25 per event)
1-Meter Springboard 一米跳板			\$
1-Meter Springboard 三米跳板			\$
		Total	\$

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: _____

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: _____

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

Date of Application

申請日期

Name of Applicant (Block Letter)

參加者姓名 (請用正楷填寫)

Applicant's Signature (Signed by Parent if Age under 18)

參加者簽署 (18 歲以下人仕必須由父母簽署)

Club Chop &

Club's Authorized Signature: _____ Date 日期: _____

Closing Date for Entries 截止報名日期及時間: **2024 年 2 月 23 日 (星期五) 下午 5 時正**

Note: Delete where not appropriate 不適用的可刪去

Applicant should be a member of the HKGSA Diving discipline of year 2021-2022

申請人必須已註冊成為 2023-2024 年度中國香港游泳總會跳水組會員