Organized By: 中國香港游泳總會 Hong Kong China Swimming Association

Subvented By: 政府資助計劃 Government-funded programme; 康樂及文化事務署 Leisure and Cultural Services Department

Entry Deadline:
截止報名日期:
14/12/2026

2026/27 Hong Kong Open Water Swimming Competition Series (Part 3)
2026/27 年公開水域游泳系列賽 (第三部)
5 km Entry Form / 5 公里賽事報名表

Club Name (屬會名稱): _____ Club Code (屬會代碼): _____

Name of Club's Contact Person (屬會聯絡人姓名):_____Contact Tel. (聯絡電話):_____

Name of Swimmer (泳員姓名): _____(_____) Contact Tel. (聯絡電話):_____

Registration No. 泳員註冊號碼: _____ Gender 性別: _____

**All results should be submitted with supporting document ** 請連同有關之成績證明一併遞交

Must - Provide qualified records obtained from any 800m or 1500m swimming competitions (LC/SC) organized or sanctioned by HKGSA in swimming pool with the results **met 70 point or above**:
必須填寫 - 曾參加泳總舉辦或獲其承認之 800 米或 1500 米泳池賽事(長池或短池) 並**達到 70 分或以上:**

Distance 距離	Time 時間	Name of Event 比賽名稱	Date of Event 比賽日期	Point Score 得分

(If Any) - Provide qualified records of Open Water Swimming Competitions organized or sanctioned by HKGSA:
(如適用) - 曾參加泳總舉辦或獲其承認之公開水域游泳比賽:

Distance 距離	Time 時間	Name of Event 比賽名稱	Date of Event 比賽日期	Position 名次

Handler's Contact 餵飼員資料:

Name (姓名): _____(_____) Coach Reg. Number. (註冊編號): _____

We hereby confirmed that the above swimmer: (please "✓" below the criteria)
本會確認上述泳員: (請 "✓" 以下之條件)

☐ Participated in open water swimming competition or open water swimming training before and
曾參與海賽或海賽訓練 及

☐ Able to swim over the required distance of the proposed event /
能游超過報名參與項目的距離

Authorized Signature & Club Chop:
負責人簽署及屬會蓋印: _____

Name of Signatory 簽署人姓名: _____

Date 日期: _____

<Photocopy when necessary 有需要可自行影印>

本會職員用 HKGSA Office Use Only

Date Received: _____ Signature: _____

Organized By: 中國香港游泳總會 Hong Kong China Swimming Association

Subvented By: 政府資助計劃 Government-funded programme 康樂及文化事務署 Leisure and Cultural Services Department

致：中國香港游泳總會

責任聲明書

本人謹此聲明及明白：

一) 本人已簽署參與 2026/27 年公開水域游泳系列賽 (第三部) (下稱"比賽") 個人項目參賽表格(下稱"表格")；

二) 本人的健康狀況、身體狀況及體能均適合參加是次的比賽；

三) 中國香港游泳總會在不損害其權益下，完全及只根據本人在此聲明中的承諾及表格中的聲明而接受本人參與此比賽之申請。

所以，本人向中國香港游泳總會承諾：

一) 本人的健康狀況、身體狀況及體能均適合參加是次的比賽；

二) 本人在完全清楚及明瞭本比賽在體能上的要求下，願意承擔全部責任及風險去參與此比賽；

三) 本人將不會向中國香港游泳總會及/或其他直接或間接與比賽有關的負責人及/或僱員及/或代理及/或其他組織及/或政府及其部門追討因本人參與上述比賽而發生或引致之自身意外、死亡或任何形式的損失、索償或責任。

四) 本人將不會向中國香港游泳總會及/或其他直接或間接與比賽有關的負責人及/或僱員及/或代理及/或其他組織及/或政府及其部門追討任何責任或賠償。

參加者姓名：_____

參加者簽署：_____ 簽署者姓名：_____

(如參加者未滿 18 歲，須由家長簽署)

日期：_____

Organized By: 中國香港游泳總會 Hong Kong China Swimming Association

Subvented By: 政府資助計劃 Government-funded programme 康樂及文化事務署 Leisure and Cultural Services Department

TO: Hong Kong China Swimming Association

Declaration of Responsibility

I hereby acknowledge that:

1. I have signed an Application Form for Individual Event (the "**Application Form**") to participate in the 2026/27 Hong Kong Open Water Swimming Competition Series (Part 3) (the "**Event**");
2. My health status, physical ability and fitness are capable to participate in the Event; and
3. HONG KONG CHINA SWIMMING ASSOCIATION, without prejudice to any of its rights, accepts my application to participate in the Event wholly and solely based on my provision of undertakings in this letter in addition to declaration in the Application Form.

AND I hereby undertake to HONG KONG CHINA SWIMMING ASSOCIATION that:

1. My health status, physical ability and fitness are capable to participate in the Event;
2. I will participate in the Event at my own risk and responsibility and I am well aware of the requirement of physical capability to participate in the Event;
3. I hereby irrevocably discharge and hold harmless HONG KONG CHINA SWIMMING ASSOCIATION and/or its officers and/or employees and/or agents and/or other organization and/or governmental department directly or indirectly related to the Event against any liability or damages for any claim or action arising directly or indirectly from the personal injury or death of myself or any other person as a result of my participation in the Event (the "**Liabilities**"); and
4. I hereby irrevocably indemnify HONG KONG CHINA SWIMMING ASSOCIATION and/or its officers and/or employees and/or agents and/or other organization and/or governmental department directly or indirectly related to the Event against any or all of the Liabilities.

Swimmer's Name: _____

Signature: _____ Name of Signatory: _____ Date: _____
(Signed by Parents if swimmer is under 18 years of age)