



# HONG KONG AMATEUR SWIMMING ASSOCIATION

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

Tel: (852) 2572 8594 Fax: (852) 2591 0792 E-mail: [hkasa@hkasa.org.hk](mailto:hkasa@hkasa.org.hk) Web-site: [www.hkasa.org.hk](http://www.hkasa.org.hk)

## Synchronized Swimming Coach Workshop 2015-16 二零一五至一六年韻律泳教練工作坊

(Organized by HKASA and funded by the Hongkong Bank Foundation Coach Accreditation Programme)

(由香港業餘游泳總會主辦 特此鳴謝匯豐銀行慈善基金教練級別評定計劃)

### Course Objectives 課程目標:

- To train and enrich coaching skill of Synchronized Swimming.  
訓練及加強本地韻律泳教練教導技巧
- To further promote Synchronized Swimming in Hong Kong. 推廣香港韻律泳運動

### Course Content 課程內容:

- Introduction the structure and the training plan of the Hong Kong Synchronized Swimming Training Team.  
香港韻律泳訓練隊訓練架構簡介
- Instruct the formation of the Free Routine.  
教授編排自由自選的基本技巧
- Instruct the basic techniques of propulsion.  
教授推舉的基本技巧

### Lecturers 講師:

Coach of Hong Kong Synchronized Swimming: 香港韻律泳教練:

- Ms. Rosita TSE-謝詠詩小姐
- Ms. XU Jing-徐晶小姐
- Ms. MIAO LiQiong-繆莉琼小姐

### Requirements 參加資格:

- Holder of valid Synchronized Swimming Coach Certificate 持有有效之韻律泳教練證書者
  - Holder of valid Synchronized Swimming Star 5 Award Scheme or above  
持有有效之韻律泳星章計劃五星或以上
  - Priority will be given to coach/ assistant coach of Youth Synchronized Swimming Promotion Scheme 曾教授韻律泳推廣計劃之教練或助教將獲優先接受報名
- \* Participant is required to present valid personal identification for verification.  
\* 如有需要，本會會要求參加者出示有效證明文件以核實身份。

### Medium of Instruction 語言:

Mainly in Cantonese 廣東話為主。

### Participants 參加人數:

20 person (First come first serve) 20 人 (名額有限，先到先得)

### Fee 費用:

Free of Charge 費用全免

### Closing date for application 截止報名日期:

**4/3/2016 (Friday 星期五)**

### Application Procedure 報名方法:

#### **By Mail/ Fax 郵寄/ 傳真**

- Please enclose the Completed application form to HKASA Office by post or fax (Fax No.: 2591 0792)  
請將已填妥之申請表格郵寄或傳真往香港業餘游泳總會 (傳真號碼: 2591 0792)

### Enquiry 查詢:

Tel. 電話: (852) 2572 8594 Fax/傳真: (852) 2591 0792 Web-site 網址: [www.hkasa.org.hk](http://www.hkasa.org.hk)  
E-mail 電郵: [peggychu@hkasa.org.hk](mailto:peggychu@hkasa.org.hk) / [dellaleung@hkasa.org.hk](mailto:dellaleung@hkasa.org.hk)  
HKASA Office Address: Unit L, 9/F, MG Tower, 133 Hoi Bun Road, Kwun Tong, Hong Kong  
香港業餘游泳總會辦事處地址: 香港觀塘海濱道 133 號萬兆豐中心 9 樓 L 室

### HKASA Office Hour

香港業餘游泳總會  
辦事處辦公時間:

Monday – Friday 星期一至星期五  
10:00a.m – 1:00p.m ; 2:00p.m. – 5:00p.m. 上午十時至中午一時 下午二時至五時  
Closed on Saturday, Sunday and Public Holiday 星期六、日及公眾假期休息

### Schedule 時間表

Date 日期	Time 時間	Target 對象	Venue 地點
19/3/2016 (Saturday 星期六)	1800-2100 Hour	持有韻律泳教練一級、二級或三級證書/ 五星或以上者 Holder of Synchronized Swimming Coach Certificate (Level 1, 2 or 3) / Star 5 Award Scheme or above	Kowloon Park Swimming Pool (Diving Pool) 九龍公園游泳池 (跳水池)

HKASA reserves the right to amend and correct this information without prior notice.  
香港業餘游泳總會保留修改本章程的權利，申請者不得異議。



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Please fill in "BLOCK LETTER" 請以英文正楷填寫

Name 姓名: (Eng) \_\_\_\_\_ (中文) \_\_\_\_\_

Date of Birth 出生日期: \_\_\_\_\_ (DD 日)/\_\_\_\_\_ (MM 月)/\_\_\_\_\_ (YYYY 年)

Gender 性別: \_\_\_\_\_ Age 年齡: \_\_\_\_\_

HKID card No. 身份證號碼: \_\_\_\_\_ (The first four digits 首 4 個號碼)

Contact Tel. No. 聯絡電話: \_\_\_\_\_ (Home 住戶) \_\_\_\_\_ (Mobile 手提)

Fax 傳真號碼: \_\_\_\_\_ E-mail 電郵: \_\_\_\_\_

Address 地址: \_\_\_\_\_

Synchronized Swimming Coach Certificate No. 韻律泳教練證書編號: \_\_\_\_\_

**Note: 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 HKASA office.**

注意：你所提供的資料只供本會或有關機構作紀錄及推廣之用。如欲更改或查詢你申報的個人資料，可與本會職員聯絡。

#### 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 Amateur Swimming Association Ltd. 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.

#### 聲明書

謹此聲明本人是符合上述賽事的參賽資格及完全明瞭賽事性質及體適能要求情況下報名參賽，並願意遵守有關比賽規則。同時，聲明本人健康良好及有能力參與上述賽事，並願意承擔自身的意外風險及責任及無權向香港業餘游泳總會(及其他直接或間接與此賽事有關人士/工作人員/組織)追討因本人參與上述賽事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。

Applicant's Signature 申請人簽名

Date 日期

\* All application forms for Synchronized Swimming Coach Workshop 2015-16 should be submitted **on or before 4<sup>th</sup> March 2016 (Friday).**

所有韻律泳教練工作坊申請表格須於 **2016 年 3 月 4 日(星期五) 前** 遞交。

Official Use Only		
收表人 Received by:	日期 Date:	備註 Remarks: