

主辦機構：
Organized by:



香港業餘游泳總會
Hong Kong Amateur
Swimming Association

Synchronized Swimming Coach Course (Level 1) 2016-17

二零一六至一七年韻律泳一級教練訓練班

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: _____

請夾附個人近照
Please attach a
photo

Holder of (if any): ☐ Synchronized Swimming Star Award (Star _____) 韻律泳星章 (_____ 星)
持有(如有) ☐ Swimming Teacher Certificate 游泳教師證書

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 Course 2016-17 should be submitted **on or before 30 December 2016 (Friday).**

所有韻律泳教練訓練班申請表格須於 **2016 年 12 月 30 日 (星期五) 前** 遞交。

Official Use Only			
支票號碼 Cheque No. :	收款人 Received by:	日期 Date :	備註 Remark: