



香港曲棍球總會主辦

Organized by The Hong Kong Hockey Association

對象：歡迎 16 歲或以上人士參加 Age Group: 16 years old or above

日期 Date	星期 Day	時間 Time	地點 Venue	費用 Fee	名額 Quota	截止日期 Deadline
26 th June 2016	日 Sun	02:00pm – 06:00pm	愉景灣大白灣沙灘 Discovery Bay – Tai Pak Beach	Free	50	額滿即止 First-Come First-Served

報名辦法：請填妥報名表格(報名表可自行複印)；寄回：九龍衛理道二至六號，京士柏曲棍球場，行政大樓一樓，香港曲棍球總會(鍾先生)收。或電郵至 arthurchung@hockey.org.hk

Enrolment: Please complete the application form below to: The Hong Kong Hockey Association (Attention: Mr. Arthur Chung), 1/F, Administration Block, King's park Hockey Ground, 6 Wylie Road, Kowloon. Or email to arthurchung@hockey.org.hk

如有任何查詢，歡迎致電 2782-4932 到香港曲棍球總會。

For any enquiry please contact The Hong Kong Hockey Association at 2782 4932.

報名表 Application Form

I. 申請人資料 Particulars of Applicant

姓名 Name: _____ (中文 Chinese) _____ (英文 English)

出生日期 Date of Birth: _____ 性別 Gender: _____

聯絡電話 Tel: _____ 電郵 Email: _____

(請用正楷清楚填寫，報名事宜將以電郵確實，不另發通知 Please use BLOCK letters, acceptance will be sent by email only)

(如本人於活動時遇上緊急事故，請致電 In case of emergency, please call _____ 聯絡人 Contact Person _____)

免責條款：(如參加者未滿十八歲，必須由家長/監護人填寫)

Declaration (This consent form should be completed by parents/guardians of participants under the age of 18)

這證明本人/參加者是自願參加此活動，身體狀況良好，並願意自己承擔所有責任。本人/參加者亦會謹遵主辦機構之一切活動規則及決定。本人/參加者一旦因在活動過程中受到任何財物損失、受傷或致死亡時，主辦機構及有關協辦機構均毋需負上任何責任。本人/參加者亦願意授權予主辦機構在毋需經審查而可使用參加者之肖像作為日後活動籌辦及推廣之用。

I certify that I am/participant is physically fit and sufficiently trained, and have not been otherwise advised by a qualified medical practitioner in the course. I/participants understand that I am /participant is participating in the event at own risk and responsibility. I hereby explicitly agree to abide by all rules and conditions of the Organizer. I hereby discharge the organizer and any other individuals or organization connected directly or indirectly with this course from my responsibility in the course of loss of property, injury or death incurred during, as a consequence of or while travelling to or from the course.

參加者 Participant/家長 Parents/監護人 Guardian 姓名: _____ 簽署 Signature: _____

緊急聯絡電話 Emergent Tel No.: _____ 參加者簽署 Signature: _____

日期 Date: _____