



**The Gymnastics Association of Hong Kong, China**  
**Aerobic Gymnastics talent (Preparation) Training Course**  
**(10-11/2021 ; 12-2 p.m.)**

- Aim : Through systematical training, develop young gymnasts to become the members of Aerobic Gymnastics Talent / Squad
- Target : 6 to 30 year old and interested in Aerobic Gymnastics
- Venue : 7/F Squash Court, YMCA (Kowloon Centre)  
(23 Waterloo Road, Kowloon)
- Date : 17,24,31 Oct  
7,14,21,28 Nov 2021 (SUN)
- Time : 12:00 – 14:00
- Number of participants : 15 ( First come, first serve )
- Fee : \$1,050
- Coach : Hong Kong Team Coach or GAHK registered coach
- Deadline : 29 September 2021 (Wed)
- Application :  
I. Online Application: <https://forms.gle/UHqN1d5UTQvGNcJS9>  
and send the cheque to GAHK  
II. Fill in the application form and the cheque (Heading: The Gymnastics Association of Hong Kong, China) to “Room 1002, Olympic House, 1 Stadium Path, Causeway Bay, HK”.
- Noted :  
I. All fee will not be refunded when application is accepted  
II. Applicants will receive the conformation by email before class  
III. GAHK reserve the right to change, explain and admission  
IV. There is potential risk of gymnastics. To ensure the safety of participants, GAHK recommended participants to purchase their own insurance
- Inquiry : Tel. : 2504 8233 Fax : 2882 8590  
Website : [www.gahk.org.hk](http://www.gahk.org.hk) Email : [mail@gahk.org.hk](mailto:mail@gahk.org.hk)

**The Gymnastics Association  
of Hong Kong, China  
中國香港體操總會**

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So Kon Po, Causeway Bay, Hong Kong  
香港銅鑼灣掃桿埔大球場徑一號奧運大樓1002室  
Tel: (852) 2504 8233 Fax: (852) 2882 8590  
Web-site : www.gahk.org.hk  
E-mail: mail@gahk.org.hk



**Affiliated to:**

The Sports Federation &  
Olympic Committee Hong Kong, China

Federation Internationale de Gymnastique

Asian Gymnastic Union

Pacific Alliance of National Gymnastic Federations

*(Limited by Guarantee)*

Appendix I

## **Physical Activity Readiness**

1. I certify that:
  - My doctor has never said that I have a heart condition and that I should only do physical activity recommended by a doctor.
  - I have never felt pain in my chest when I do physical activity.
  - In the past Month, I did not have had chest pain when I was not doing physical activity.
  - I have never lost my balance because of dizziness or I have never lost consciousness.
  - I do not have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in my physical activity.
  - My doctor is not currently prescribing drugs (for example, water pills) for my blood pressure or heart condition.
  - I do not know of any other reasons why I should not do physical activity.
2. It is suggested that you should determine your basic fitness so that you can have the best planning when doing physical activity. It is also highly recommended that you have your blood pressure evaluated and consult your doctor before you join the event.
3. If you are not feeling well because of a temporary illness such as cold or fever, please join the event after you feel better.
4. If you are or May be pregnant, please talk to your doctor before you join this event.
5. You should start the activity slowly and build up gradually. This is the safest and easiest way to go.
6. If you have the above health changes, tell your doctor or the coach. Ask whether you should continue this event.
7. If you know of any other reasons such as safety, disease, or condition changes that May influence you to join the event, you should notice the GAHK in writing.
8. If necessary, the GAHK has the right to request your medical certificate for reference.
9. If you have any questions of this physical activity readiness, please consult your doctor before you join the event.



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**Application form**

Name : (CHI) \_\_\_\_\_ (ENG) \_\_\_\_\_

Gender : \_\_\_\_\_ Age: \_\_\_\_\_ DOB : \_\_\_\_\_ (dd/mm/yy)

Address : \_\_\_\_\_

Email : \_\_\_\_\_ Phone : \_\_\_\_\_

School : \_\_\_\_\_ Class : \_\_\_\_\_

I agree that the above information will be retained for the promotion and communication of our aerobics gymnastics activities

If you would like to change or inquire about the personal information you have declared, please contact our staff.

**Declaration**

(The parents / guardians of applicants aged below 18 must sign this form)

I certify that I am entering this competition at my risk and responsibility. I agreed to abide by the regulations, policies and anti-doping policy of The Gymnastics Association of Hong Kong, China. I for myself, my executors and administrators, do hereby waive and release, any and all rights, claims and causes of action I have or May have against The Gymnastics Association of Hong Kong, China and all sponsors, promoters, supporters and all other contributors from any and all liability arising from illness, injury death, loss and economic consequences I May suffer as a result of my entry in this event from any cause whatsoever, including negligence. I certify that I am physically fit and sufficiently trained to compete for the completion of this event. I grant permission and assign all rights, title and interest to the organizer to utilize my appearance, name voice biodata and likeness in connection with the race in any and all media throughout the world in perpetually and agree to waive any rights of inspection or approval associated.

I have read and understood the declaration and Physical Activity Readiness (Appendix I).

Date: \_\_\_\_\_ Name of Guidance: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Signature of Guidance: \_\_\_\_\_

\* The information will only be used for this event.