

The Gymnastics Association of Hong Kong, China Aerobic Gymnastics talent (Preparation) Training Course

(6-7/2019)

Aim: Through systematical training, develop young gymnasts to become the members

of Aerobic Gymnastics Talent / Squad

Target: 6 to 25 year old and interested in Aerobic Gymnastics

Venue: 1/F or 3/F Activity Room, YMCA (Kowloon Centre)

(23 Waterloo Road, Kowloon)

Date: 2,9,16,23,30 Jun

7,14,21,28 Jul 2019 (SUN)

Time: 14:00 - 16:00

Number of participants: 25 (First come, first serve)

Fee: \$1,350

Coach: Hong Kong Team Coach or GAHK registered coach

Deadline: 28 May 2019 (Tue)

Application: 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

The Gymnastics Association of Hong Kong, China 山 岡 禾 洪 鷗 協 嫡 命

中國香港體操總會

Room 1002, Olympic House, 1 Stadium Path, 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 <u>and</u> 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 :	
	Declaration	
(The pare	ents / guardians of applicants aged below 18 mus	t 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	s Association of Hong Kong, China. I for myself, n	ny executors and administrators, do hereby
waive and release, any and all rights,	, claims and causes of action I have or May have aga	uinst The Gymnastics Association of Hong
Kong, China and all sponsors, promo	oters, supporters and all other contributors from any	and all liability arising from illness, injury
death, loss and economic consequen	nces I May suffer as a result of my entry in this even	ent from any cause whatsoever, including
negligence. I certify that I am physic	eally fit and sufficiently trained to compete for the co	ompletion of this event. I grant permission
and assign all rights, title and interest	t to the organizer to utilize my appearance, name voi	ce biodata and likeness in connection with
the race in any and all media through	out the world in perpetually and agree to waive any r	ghts of inspection or approval associated.
I have read and understood the declar	ration 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.