



**SLTSC Children and Youth Courses**  
**Men's Artistic Gymnastics (L4 or above)**  
**男子競技體操課程 (L4 或以上)**  
**Application Form 報名表**

Office Only: ver.2/2017

Cheque No.: \_\_\_\_\_

Receipt No.: R \_\_\_\_\_

Please put a ✓ in the appropriate boxes 請於方格上加✓號:

**Course Applied for 欲報讀之課程:**

AGS267-1718(D)

**Membership Status 會員狀況:**

Member 會員 (No. 編號 \_\_\_\_\_)  Applied at the same time 同時申請

<please submit membership form with a separate cheque of HK\$70>

Non-member 非會員

<請同時遞交會員申請表及\$70 支票乙張

**Personal Particulars 個人資料:**

Name 姓名: (Chi 中) \_\_\_\_\_ (Eng 英) \_\_\_\_\_

Gender 性別: M/F Age 年齡: \_\_\_\_\_ DOB 出生日期: \_\_\_\_\_ YYYY MM DD

Tel 電話: \_\_\_\_\_ Email 電郵: \_\_\_\_\_

Address 地址: \_\_\_\_\_

*\*Please kindly provide you email address in order to receive the latest information of the training.*

*\*請提供電郵地址以確保收取下期課程資料。*

**Declaration**

(The parents / guardians of participants 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 D).

Name of Parents/Guardians : \_\_\_\_\_

家長或監護人姓名

Name of Applicant : \_\_\_\_\_

申請人姓名

Signature : \_\_\_\_\_

簽署

Date : \_\_\_\_\_

日期