

Closing Date:
4 November, 2024
 (Mon)

The Gymnastics Association of Hong Kong, China

Hong Kong Artistic Gymnastics Open & Novice Championships 2024-2025

Team Application Form

Team Name: _____

Name of Coach: _____ Contact No.: _____

Email of Coach: _____

Contact Address: _____

Gender: Men / Women Open (Senior)/ Open (Junior) / Elementary / Novice (Delete as appropriate)

Information of Gymnasts:

	Name (Chi)	Name (Eng)	Men					Women				
			FX	PH	SR	VT	PB	HB	VT	UB	BB	FX
1						☆(1.15m /1.25m)	☆(1.60m /1.95m)	☆(2.40m /2.75m)				
2						☆(1.15m /1.25m)	☆(1.60m /1.95m)	☆(2.40m /2.75m)				
3						☆(1.15m /1.25m)	☆(1.60m /1.95m)	☆(2.40m /2.75m)				
4						☆(1.15m /1.25m)	☆(1.60m /1.95m)	☆(2.40m /2.75m)				
5						☆(1.15m /1.25m)	☆(1.60m /1.95m)	☆(2.40m /2.75m)				

☆Please circle the appropriate height of Apparatus (For Elementary Level only)

※The information you provide will only be used for event registration and promotion between the association and the co-organizers. After submitting the application form, if you want to change or inquire about the personal information you provided, you can contact the association.

Entry Fee :	\$170 x _____ Event =	\$	
Insurance :	\$30 x _____ Gymnasts =	\$	
Team Entry Fee :	\$200 x 1 Team =	\$ 200	
	Total =	\$	

Signature of Coach : _____

*Team application must be submitted together with the following athlete information and registration fee before the deadline, otherwise it will not be accepted.

The Gymnastics Association of Hong Kong, China
Hong Kong Artistic Gymnastics Open & Novice Championships 2024-2025

Information of Team Member

Name: _____(Eng)_____ (Chi)

Gender: M / F DOB: YYYY MM DD Age: _____

Address: _____

Tel: _____ *Email : _____

HKID No.: _____XXX (X)

Recent Photo

(Required)

Remark:

Participant has to submit the copy of personal identification document

***Signature from participants aged 18 or above /**
#Signature from the parents / guardians of participants aged below 18

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).

*Signature of Participants : _____

Signature of Parents/Guardians : _____

Name of Parents/Guardians : _____

Date : _____

**The Gymnastics Association of Hong Kong, China
Hong Kong Artistic Gymnastics Open & Novice Championships 2024-2025**

Information of Team Member

Name: _____(Eng)_____ (Chi)
 Gender: M / F DOB: _____ YYYY MM DD Age: _____
 Address: _____
 Tel: _____ *Email : _____
 HKID No.: _____XXX (X)

Recent Photo

(Required)

Remark:

Participant has to submit the copy of personal identification document

***Signature from participants aged 18 or above /
 #Signature from the parents / guardians of participants aged below 18**

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).

*Signature of Participants : _____
 # Signature of Parents/Guardians : _____
 Name of Parents/Guardians : _____
 Date : _____

**The Gymnastics Association of Hong Kong, China
Hong Kong Artistic Gymnastics Open & Novice Championships 2024-2025**

Information of Team Member

Name: _____(Eng)_____ (Chi)
 Gender: M / F DOB: _____ YYYY MM DD Age: _____
 Address: _____
 Tel: _____ *Email : _____
 HKID No.: _____ XXX (X)

Recent Photo

(Required)

Remark:

Participant has to submit the copy of personal identification document

***Signature from participants aged 18 or above /
 #Signature from the parents / guardians of participants aged below 18**

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).

*Signature of Participants : _____
 # Signature of Parents/Guardians : _____
 Name of Parents/Guardians : _____
 Date : _____

**The Gymnastics Association of Hong Kong, China
Hong Kong Artistic Gymnastics Open & Novice Championships 2024-2025**

Information of Team Member

Name: _____(Eng)_____ (Chi)
 Gender: M / F DOB: _____ YYYY MM DD Age: _____
 Address: _____
 Tel: _____ *Email : _____
 HKID No.: _____XXX (X)

Recent Photo

(Required)

Remark:

Participant has to submit the copy of personal identification document

***Signature from participants aged 18 or above /
 #Signature from the parents / guardians of participants aged below 18**

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).

*Signature of Participants : _____

Signature of Parents/Guardians : _____

Name of Parents/Guardians : _____

Date : _____

**The Gymnastics Association of Hong Kong, China
Hong Kong Artistic Gymnastics Open & Novice Championships 2024-2025**

Information of Team Member

Name: _____ (Eng) _____ (Chi)
 Gender: M / F DOB: YYYY MM DD Age: _____
 Address: _____
 Tel: _____ *Email : _____
 HKID No.: _____XXX (X)

Recent Photo

(Required)

Remark:

Participant has to submit the copy of personal identification document

***Signature from participants aged 18 or above /
 #Signature from the parents / guardians of participants aged below 18**

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).

*Signature of Participants : _____
 # Signature of Parents/Guardians : _____
 Name of Parents/Guardians : _____
 Date : _____