



香港滾軸運動總會主辦
Organized by Hong Kong Federation of Roller Sports



康樂及文化事務署資助
Subvented by Leisure and Cultural Services Department

初級滑板訓練班 2018/19

Skateboarding Beginner Training Course 2018/19

報名表 Application Form

姓名 Name(中 Chinese) : _____ 姓名 Name (英 English) : _____

性別 Gender : _____ 身份證明文件號碼 HKID : _____

出生日期 Date of Birth : _____ (日日 dd/月月 mm/年年 yy) 年齡 Age : _____

住址 Address : _____

電話號碼 Contract No. (手提 Mobile) : _____ 電郵地址 E-mail : _____

請注意：敬請填寫電郵地址，有關訓練班的資料及通訊，本會將以電郵形式發出。

All the information about the training course will be sent by email.

緊急聯絡人姓名 Emergency Contact Name : _____ 關係 Relationship : _____

緊急聯絡人電話 Emergency Contact No. : _____

付款方法 Payment method : 銀行過數 Direct transfer to Account

支票號碼 Cheque No. : _____

擬參加之班別編號 Course Code	第一選擇 First choice	第二選擇 Second choice

本人同意成為 貴會的通訊會員，並以電郵形式接收 貴會有關訓練班及比賽的訊息。

I agree to become a subscription member and willing to receive news and messages from HKFRS.

請注意：根據個人資料（私隱）條例，閣下可選擇（不）提供任何資料，惟本會或因資料不足而無法處理閣下之報名申請。

Reminder: According to Personal Data (Privacy) Ordinance, you may or may not provide any personal information to HKFRS. However, application may not be proceed due to insufficient personal information.



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申請人/家長或監護人同意書

Participants/Guardians Consent Form

所有申請人必須填寫及簽署下列同意書。(如申請人未滿 18 歲，須由家長或監護人填寫及簽署同意書)

(For applicants aged below 18, their parent/guardian's signature should be obtained.)

本人() 身份證明文件號碼()同意*敝子弟()參加由香港滾軸運動總會有限公司主辦的初級滑板訓練班 2018/19。本人願意服從教練之指導，並明瞭主辦機構對活動有更改之權利及聲明。

*本人/敝子弟身體健康狀況良好，適宜參加上述活動。如果*本人/敝子弟因自己的疏忽或體能欠佳，而引致於參加這項活動時傷亡，主辦機構無須負責。

特此聲明：你所提供的資料只用於本會的康體活動報名事宜及活動宣傳之用。在遞交申請表後，如欲更改或查詢你申報的個人資料，可與本會職員聯絡。本人同意提交有關身份或出生證明文件的資料，並附上副本以作此活動審核之用。

I, () HKID Number()*agree / agree the applicants name () to participant in Skateboarding Beginner Training Course 2018/19 which organized by the Hong Kong Federation of Roller Sports Limited. We understand and agree to follow the Instructions, Rule and Regulations, Decision made by the coach. We understand Organizer reserves the right to decline any enrollment and modify the above information.

*I / my child have been examined by a doctor and certified as physically fit for participating in this activity. Hong Kong Federation of Roller Sports Limited shall not be liable for any injury or death I may suffer in this activity.

Remark: All of the information will only use for this competition and promotion. If you would like to revised the information of above after you submitted the enrollment, please do not hesitate to contact us. I understand and agree to submit the copy of my HKID for enrollment purpose.

申請人簽署 Signature of Applicant : _____
 家長/監護人簽署 Signature of Parent or Guardian : _____
 (與申請人關係) (Relationship) : _____
 日 期 Date : _____

*請刪除不適用處 * Please delete the inapplicable.