



2024 - 2025 中國香港劍道青年訓練計劃
2024 - 2025 Hong Kong, China Kendo Junior Squad Training Programme

Email: hkka@hkolympic.org Tel: 2504 8145

申請人姓名 (中文) _____ Name of Applicant (English) _____
 年齡 _____ 出生日期 _____ 性別 _____
 Age _____ Date of Birth _____ 日 DD / _____ 月 MM / _____ 年 YY Gender _____
 高度 _____ 電郵 _____ 電話 Tel (Mobile / Home) _____
 Height _____ 厘米 cm Email _____
 身分證 / 護照號碼 _____ 現時段位 / 級位 _____ 所屬道場 _____
 ID Card / Passport No. _____ Present Dan / Kyu _____ Dojo _____

免責聲明

如上述申請被接納，本人願意遵守中國香港劍道協會[劍協]及上述計劃的所有條例與規則和克制行為以顧及自身和他人的安全。本人和本人的繼承人清楚了解本人自願承擔因參加中國香港隊訓練，使用場地、器材或設施，而可能引致的損傷、傷亡或疾病的風險，本人明確接受[劍協]及其委任教練毋須為本人因參加是項訓練，使用場地、器材或設施，而可能引致的損傷、傷亡或疾病承擔責任。本人同意免除[劍協]，其會員及義務工作人員的責任，不會因本人參加是訓練，使用場地、器材或設施，而可能蒙受的損傷、傷亡、疾病或遺失 向[劍協]和有關人士進行任何和所有索償。本人明白[劍協]毋須負上在比賽和活動範圍內個人財物遺失或 被竊的責任。

Disclaimer

If the above application was accepted, I agree to abide by all rules and regulations of the Kendo Association of Hong Kong, China (HKKA) and the captioned training programme and otherwise undertake to behave in such a manner as to contribute to the safety and wellbeing of myself and others. I understand that the HKKA and the assigned Hong Kong, China team coach assume no responsibility for injuries or death or illnesses which I may sustain as a result of my physical condition or from my participation in the Hong Kong, China Kendo Junior Squad training and any of its competition or practice, use of its venues, equipments and facilities, and expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries or death or illnesses which may result from my participation in the Hong Kong, China Kendo Junior Squad Training any of its competition or practice, use of its venues, equipments and facilities. I hereby release and discharge the HKKA, its members and the volunteers from any and all claims for injury, death, illness, loss or damage which I may suffer as a result of participation in the Hong Kong, China Kendo Junior Squad Training and any of its competition or practice, use of its venues, equipment and facilities. I understand that the HKKA is not responsible for personal property lost or stolen while in any other premises or location of its competitions.

本人已閱讀及同意所有有關中國香港劍道青年訓練計劃之要求。

I have read and agree with all the requirements in the Hong Kong, China Kendo Junior Squad Training Programme.

申請人簽署 Signature of Applicant _____ 日期 Date _____ 道場館主批核 Endorsed by Dojo Master _____

申請人姓名 Name of Applicant _____

家長同意書 (未滿十八歲者適用) Parental Consent (For applicants aged under 18)

家長簽署 _____ 家長姓名 _____ 日期 _____
 Parent's Signature _____ Name of Parent _____ Date _____
 緊急聯絡人姓名及關係 _____ 緊急聯絡人電話 _____
 Emergency Contact Person _____ Emergency Contact No _____

*你提供的資料，只作中國香港劍道協會舉辦的活動報名、日後聯絡、統計及活動意見調查之用，有關資料亦只限獲本會授權人員方可查閱作前述目的之用。遞交申請表後，如欲更正或翻查個人資料，請與本會職員聯絡。

*The information provided by you will only be used for enrollment of sports activities organised by the Kendo Association of Hong Kong, China, future contact purpose, statistical reviews and opinion survey. Only persons authorised by HKKA will have access to such information for the aforesaid purposes. Please contact HKKA staff to amend or access to personal data collected in this form after submission.

截止日期：2024年3月20日下午5時 Application Deadline: 20th March, 2024, 5pm

Update on 03/2024