

**參賽者資料 SWIMMER INFORMATION** (姓名須與身分證文件相符 Your name on the Application Form should be identical with your name on your HKID card.)

姓氏 Surname:		名 Given Name:	
年齡 Age:	出生日期 Date of Birth:	(DD/MM/YYYY)	性別 Gender: M / F
會員證號碼 Membership No. (若適用 if applicable):			
地址 Address:			
聯絡電話 Contact No.:		電郵地址 Email Address:	
緊急聯絡人 Emergency Contact Person:		手提電話 Mobile:	

**比賽資料 COMPETITION INFORMATION**

項目編號 Event Code	項目名稱 Name of Event	費用 Fee	Office Use Only	
			App. No.	W/L. No.
<b>個人項目 Individual Event(s)</b>				
19PAS305 __ __		\$		
19PAS305 __ __		\$		
19PAS305 __ __		\$		
<b>接力項目 Relay Event(s)</b>				
19PAS305 __ __	分齡自由式接力 Open Freestyle Relay	\$		
代表隊員 Team Representative:		年齡 Age:		
隊員 Team Member:		年齡 Age:		
隊員 Team Member:		年齡 Age:		
隊員 Team Member:		年齡 Age:		
後備隊員 Reserved Team Member:		年齡 Age:		
19PAS305 __ __	親子接力 Family Relay	\$		
代表隊員 Team Representative:		年齡 Age:		
隊員 Team Member:		年齡 Age:		
後備隊員 Reserved Team Member:		年齡 Age:		
繳費方法 Payment by: 現金 Cash ( ) 支票 Cheque ( ) 號碼 No.		銀行 Bank:		
For Official Use: P/W/In Rec Ack W/L P/B DB CRtn		Cashier _____ Total _____		

**注意事項**

- 請務必以英文正楷填寫。
- 請細閱港青水運會之**參賽者須知**。
- 親身報名之會員每次只可於會員服務部遞交最多**4**份報名表格。
- 如表格上所填報之資料不足或錯漏，是項申請將不受理，而報名之費用，恕不發還。
- 參賽者必須根據其年齡所屬組別，年齡以比賽當日計算。
- 每位參賽者只可參與最多**3**項個人及**2**項接力項目，多於以上限制之報名費用恕不退還。
- 每項接力只需派一位代表隊員報名。所有接力項目之參賽者必須參加任何一項個人項目(親子接力賽除外)
- 請郵寄報名表或親自交往本會大堂會員服務部  
地址：九龍尖沙咀梳士巴利道41號地下，辦公時間08:00-20:00。
- 報名費須以現金或支票繳付  
(支票抬頭：YMCA of Hong Kong 或 香港基督教青年會)。
- 證明文件**  
甲：非會員參加者必須於報名時提供身份證或出生證明書副本  
乙：參與親子接力賽之小童必須提供出生證明書副本
- 參賽者或其家長/監護人必須於後頁所列之選手包領取日**蒞臨港青尖沙咀總部領取選手包**

**IMPORTANT NOTES**

- Please complete this form legibly in **BLOCK LETTERS**.
- Please read **NOTES TO SWIMMERS** carefully.
- Members who apply in person at Member Services Counter can submit a maximum of 4 enrolment forms per visit.
- Any incomplete or wrong information will nullify the application, and fees will not be refunded.
- Swimmers must enrol in their respective age groups. Age is calculated as at the date of the Swimming Gala..
- Each swimmer can enrol in a maximum of **3 individual events** and **2 relay events**. Payment for entries in excess will not be refunded.
- ONLY ONE member in a team is responsible for the enrolment of the relay event. Except for Family Relays, ALL relay swimmers must participate in at least one individual event.**
- Participants may enrol by mail to **YMCA of Hong Kong (Member Services Section) OR come in person** from 8:00am to 8:00pm at G/F Member Services Counter.  
Address: 41 Salisbury Road, Tsim Sha Tsui, Kowloon, Hong Kong.
- Payment method only accept **cash or cheque** (payable: YMCA OF HONG KONG).
- Supporting Documentation:**  
A. Please attach with a copy of participant's I.D. card or birth certificate (non-member only).  
B. Please attach with a copy of birth certificate (children participants only) for joining the event "Family Relay".
- Swimmers or their parents/guardian must **collect their Swimmer's pack at YMCA Tsimshatsui Headquarters** in person during Swimmer Pack Collection Period (Please refer to next page).

## 免責聲明 Disclaimer

下列需由 18 歲以上人士簽署, 18 歲以下人士需由家長或監護人代簽署。Below has to be signed by adult above the age of 18, or by parents or adult guardian on behalf of child/youth under the age of 18.

本人要求此申請被接納並願意遵守香港基督教青年會(“港青”)所有條例與規章和克制行為以顧及自身和他人的安全。本人和本人的承繼人清楚了解本人自願承擔因參加活動、使用場地、器材或設施而可能引致的損傷或疾病的風險, 本人明確接受港青毋須為本人因參加活動、使用場地、器材或設施而可能引致的損傷或疾病承擔責任。本人同意免除港青及其代理人、服務人員和僱員的責任, 不會因本人參加活動、使用場地、器材或設施而可能蒙受的損傷、疾病、死亡、遺失或傷害向該機構和人士進行任何和所有索償。本人明白港青毋須負上在其建築物範圍或任何活動範圍或地點內個人財物遺失或被竊的責任。

I request that this application be accepted and agree to abide by all rules and regulations of the YMCA of Hong Kong (“YMCA”) and otherwise undertake to behave in such a manner as to contribute to the safety and well being of myself and others. I understand that the YMCA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or from my participation in any of its activities, 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 and illnesses which may result from participation in these activities, use of its venues, equipments and facilities. I hereby release and discharge the YMCA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of participation in these activities, use of its venues, equipments and facilities. I understand that the YMCA is not responsible for personal property lost or stolen while on its premises or any other premise or location of its activities.

日期 Date : \_\_\_\_\_

簽署 Signature : \_\_\_\_\_

## 收集個人資料聲明

- 收集資料的目的： 香港基督教青年會會使用你提供的個人資料，向你／申請人提供你／申請人所需要的活動、課程或服務，包括但不限於監察、檢討及發展各項活動、課程或服務。
- 資料的轉移： 你所提供的個人資料，會供本機構在工作上需要知道該等資料的職員或指定人士使用。此外，本機構在需要時亦只會向下列有關方面披露該等資料：
- 活動、課程或服務的協辦機構或團體。
  - 香港基督教青年會所委託的指定機構，(不限於) 處理／跟進保險索償個案、檢討服務等事宜。
  - 由法律授權或法律規定須向其披露資料的有關方面。
- 查閱個人資料： 除了《個人資料(私隱)條例》規定的豁免範圍外，你有權要求查閱和更正本機構所持有關於你的個人資料，你亦可要求索取這些資料的副本。不過，在一般情況下，如收集資料的目的已經完成，本機構會刪除有關的個人資料。
- 查詢： 請確保你向香港基督教青年會提供的資料正確無誤。如欲查閱或更正本機構所持有關於你的個人資料，請以書面方法提出。  
聯絡：香港基督教青年會會員及社區服務部總辦公室  
地址：九龍尖沙咀梳士巴利道 41 號
- 申請人聲明：
- 本人明白及同意香港基督教青年會會透過本表格收集本人的個人資料，並利用我的個人資料，作處理申請、安排課程／活動／服務內容(包括但不限於班務、點名、貼堂、領取證書)、宣傳、檢討服務、統計、意見調查、調查／跟進其他與香港基督教青年會有關的服務或事宜之用。
  - 本人明白及同意香港基督教青年會可能把本人的個人資料作上述的資料轉移用途。
  - 本人明白及同意香港基督教青年會可能會使用本人的個人資料(包括但不限於姓名、地址、電郵地址、電話號碼、肖像及錄像)，向本人提供有關香港基督教青年會的相關活動、課程或服務及推廣活動等的相關資訊；並同意香港基督教青年會亦可能把本人的個人資料，用作推廣香港基督教青年會提供的活動、課程或服務之用途。

## Personal Information Collection Statements

- Purpose of Collection: The YMCA of Hong Kong (“YMCA”) will collect your personal data to provide you/ the applicant activities, programmes or services relevant to your needs, including but not limited to monitoring, review and development of activities, programmes or services.
- Transfer data: The personal data you provide will be made available to persons working in the YMCA or persons designated on a need-to-know basis. Apart from this, the data may only be disclosed to the relevant parties in the circumstances listed below :
- Co-operative activity, programme or service providers.
  - Other parties commissioned by the YMCA for the purposes of processing insurance claims, evaluation and review of services and other issues related to the YMCA.
  - Where such disclosure is authorized or required by law
- Access to Personal Data: Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have a right of access to and correction of personal data or obtaining a copy of the data you provided. However, under normal circumstances, data will be erased after fulfilling the purposes of collection.
- Enquiries: Please ensure that the data you provide to the YMCA are accurate. If you would like to access or correct your personal data, please contact the YMCA in writing.  
Contact: Head Office of Member and Community Services (M&CS), the YMCA of Hong Kong  
Postal Address: 41 Salisbury Road, Tsim Sha Tsui, Kowloon
- Declaration by Applicant:
- I understand and accept that the YMCA will, through this application form, collect my personal data which would be used for processing my application, arranging activities, programmes or services (including but not limited to class administration work), promotion, evaluation of services, statistics, surveys, investigation and following up of other issues related to the YMCA.
  - I understand and accept that the YMCA may transfer my personal data for the above purposes.
  - I understand and agree that the YMCA may use my personal data (including but not limited to my name, correspondence address(es), contact telephone number(s), email address(es), photo record(s) and video record(s)) to provide me information on related activities, programmes or services; I also accept that my personal data may be used for promoting activities, programmes or services provided by the YMCA.

本人已細閱、明白和同意本報名表格的刊於附頁的「收集個人資料聲明」條款

I acknowledge that I have read and agree to the 'Enrollment Form' and the attached 'Personal Information Collection Statement'

日期 Date: \_\_\_\_\_

簽署 Signature: \_\_\_\_\_