

Organized by



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曲棍球兒童訓練班

Mini Hockey Training Programme

Age: 3 to 12 years old

班別 Class	日期 Date	星期 Day	時間 Time	地點 Venue
TPK	17, 20, 24, 27, 31/7 3, 7, 10, 14, 17, 21, 24/8	二, 五 Tue, Fri	09:30-11:00	廣福球場 (近王肇枝中學, 入口設於南運路) Kwong Fuk Football Ground (Next to Norwegian International School, entrance from Nam Wan Road)

- 課程為 (12 節) 港幣 600 元, 名額 45 人, 額滿即止。HK\$600 for the course (12 sessions). Quota for each class: 45. First-come-first-served.
- 大埔體育會會員享有港幣 20 元優惠, 請於 <http://www.tpsa.org.hk/> 下載報名表或前往大埔體育會李福林體育館詢問處報名 (地址: 安祥路 2 號)。Tai Po Sports Association members can enjoy a HK\$20 discount, please download application form from <http://www.tpsa.org.hk/> or apply at Tai Po Sports Association Li Fook Lam Indoor Sports Centre (Address: 2 On Cheung Rd, Tai Po)

*在班上會提供球棍及球, 上課只需穿著舒適運動服及鞋。Sticks and balls are provided during the classes, just come in your comfy sports clothings and shoes.

網上報名 Application Online:

掃描二維碼進行網上報名 Scan the QR code to apply online



郵遞或電郵報名辦法 Application by Mail / E-Mail:

請填妥報名表格(報名表可自行複印), 連同報名費(支票付款, 抬頭請寫上 "The Hong Kong Hockey Association", 並在支票背後寫上參加者姓名及班別, 請勿郵寄現金)寄: 九龍衛理道二至六號, 京士柏曲棍球場, 行政大樓一樓, 香港曲棍球總會(蘇先生)收。或

轉賬至 HSBC 658-117650-838 (香港曲棍球總會)。填妥報名表格必須連同銀行收據電郵至 jackyso@hockey.org.hk。

Complete the application form below and send it with a cheque made payable to "The Hong Kong Hockey Association". Please write the name & class code on the back of the cheque and send to Jacky So, The Hong Kong Hockey Association, 1/F, Administration Block, King's Park Hockey Ground, 2-6 Wylie Road, Kowloon. **OR**

Transfer payment to HSBC 658-117650-838 (The Hong Kong Hockey Association). Please attach bank in slip together with application form and email to jackyso@hockey.org.hk.

查詢 Enquiries: jackyso@hockey.org.hk.

報名表 Application Form

姓名 Name: _____ (中文 Chinese) _____ (英文 English)

出生日期(月份/年份) Date of Birth (Month/Year): _____ 性別 Gender: _____

身份證號碼(英文字母及頭 4 位數字) HKID (First character and 4 digits): _____

聯絡電話 Tel: _____ 電郵 Email: _____

(請用正楷清楚填寫, 報名事宜將以電郵確實, 不另發通知 Please use BLOCK letters, acceptance will be sent by email only)

如遇緊急事故, 請聯絡 Emergency Contact: _____ 電話 Tel: _____

免責條款: (參加者未滿十八歲, 必須由家長/監護人填寫)

Declaration (This consent form should be completed by parents/guardians of participants under the age of 18)

這證明本人/參加者是自願參加此活動, 身體狀況良好, 並願意自己承擔所有責任。本人/參加者亦會謹遵主辦機構之一切活動規則及決定。本人/參加者一旦因在活動過程中受到任何財物損失、受傷或致死亡時, 主辦機構及有關協辦機構均毋需負上任何責任。本人/參加者亦願意授權予主辦機構在毋需經審查而可使用參加者之肖像作為日後活動籌辦及推廣之用。

I certify that I am/participant is physically fit and sufficiently trained and have not been otherwise advised by a qualified medical practitioner in the course.

I/participants understand that I am /participant is participating in the event at own risk and responsibility. I hereby explicitly agree to abide by all rules and conditions of the Organizer. I hereby discharge the organizer and any other individuals or organization connected directly or indirectly with this course from my responsibility in the course of loss of property, injury or death incurred during, as a consequence of or while travelling to or from the course.

參加者/家長/監護人姓名 Name of Parent/Guardian of the Applicant: _____ 簽署 Signature: _____

緊急聯絡電話 Emergency Contact No.: _____ 參加者簽署 Signature of Applicant: _____

備註: 如因天氣、場地或其他不可預計情況, 香港曲棍球總會有權就訓練日期及時間安排作出調動。閣下所提供的資料只用於香港曲棍球總會所舉辦的活動之用。在遞交申請表後, 如欲更改或查詢閣下申報的個人資料, 可與本會職員聯絡。如不欲收取曲棍球總會的其他課程或活動資訊, 請於方格內劃上√號 。

Remarks: The Hong Kong Hockey Association reserves the right to amend the date and time of the training courses in the event of inclement weather, pitch conditions or other unexpected circumstances. Information provided will only be used for events organized by the HKHA. Please contact us if you have questions. If you do not wish to receive any further information on our courses or events, please put a tick in this box .