



中國香港滑水總會



中華民國滑水總會協辦



康樂及文化事務署資助

## 2025 青少年尾波運動交流團 2025 Youth Wakesports Exchange Programme

姓名

Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
( 英文 / In English ) ( 中文 / In Chinese )

香港身份証

H.K.I.D. \_\_\_\_\_ ( \_\_\_\_\_ )

出生日期

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
日 Day 月 Month 年 Year

國籍

Nationality \_\_\_\_\_

性別

Sex \_\_\_\_\_

年齡

Age \_\_\_\_\_

電郵地址

E-mail \_\_\_\_\_

地址

Address \_\_\_\_\_

聯絡電話

Tel.No. \_\_\_\_\_

緊急聯絡人姓名

Name of Emergency Contact Person \_\_\_\_\_

緊急聯絡人聯絡電話

Tel No. of Emergency Contact Person \_\_\_\_\_

關係

Relationship \_\_\_\_\_

聲明

### Declaration

你所提供的資料只用於本會的康體活動報名事宜、日後聯絡、意見調查及郵寄活動宣傳資料之用。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。The information provided by you will only be used for the purpose of enrolment, contacts, surveys and mailing of promotional materials of our Association. For correction of or access to personal data after submission of this form, please contact the staff of our Association.

責任聲明：本人明白參與滑水運動有個人受傷/死亡的危險，本人亦會聽從教練的指示進行活動，並承諾無論發生任何事故，均不會向中國香港滑水總會、中華民國滑水總會、康樂文化事務署及其工作人員追究責任。主辦機構會為參加者購買保險。

I am physically fit and capable of participating. I understand the risks of personal injury and/or death inherent in participation in water skiing. I will follow the guidance of the coach, and agree to fully indemnify HKCWA, Chinese Taipei Waterski & Wakeboard Federation, LCSD & officials from any claim no matter howsoever arising. The Organizing bodies will purchase insurance for the participants.

簽署

Signature \_\_\_\_\_

申請人如未滿十八歲，必須由家長或監護人簽署，否則申請一概不會受理。

Signature of parent or guardian in the case of a minor, i.e. a person under the age of 18 at the date of application, is required.

家長或監護人姓名 (請用正楷填寫)

Name of parent / guardian (Block Letters) : \_\_\_\_\_

家長或監護人簽署

Signature of parent / guardian: \_\_\_\_\_