

Organized by



草地曲棍球訓練班

Field Hockey Training Course

班別 Class	活動 Event	日期 Date	星期 Day	時間 Time	費用 Fee	地點 Venue
HVH2	訓練班 Training Course	13, 20/12/2018 3, 10, 17, 24, 31/1/2019	四 Thursday	10:30 - 12:00	\$140	跑馬地遊樂場 11 號場 Happy Valley Recreation Ground Pitch 11

1. 教練會根據年齡分組別教授 Coaching will be done separately for different age groups.

*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 clothing 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 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: _____

聲明 Declaration:

這證明本人是自願參加此活動，身體狀況良好，並願意自己承擔所有責任。本人亦會謹遵主辦機構之一切活動規則及決定。本人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 physically fit and understand that I am participating in the event at own risk and responsibility. I hereby explicitly agree to abide by all rules set by the Organizer and discharge the organizer and any other individuals or organization connected directly or indirectly with this course from the 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. I am willing to authorize the organizer to use my portraits for promotional use without prior notice.

參加者姓名 Name of Applicant: _____ 參加者簽署 Signature: _____ 日期 Date: _____

緊急聯絡人姓名 Name of Emergency Contact: _____ 緊急聯絡人電話 Emergency Contact No: _____

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 .