



VOLLEYDAY SPORTS ACADEMY

Enrolment Form 報名表

VolleyDay 輕(氣)排球介紹及訓練班 2016

Applicant Particulars 學員資料:

Volleyday Membership Nos:

Name 姓名: (Eng) _____ (中文) _____
Sex 性別: M / F ID card No.: _____
Birthdate 出生日期: (DD/MM/YYYY) Email 電郵: _____
Correspondence Address 地址: _____
Name of School 就讀學校名稱: _____
Telephone No. 聯絡電話: _____ Mobile No. 手提電話: _____

Any one refer you to join VolleyDay? Y / N

If Yes, referred by _____ (Student Name)

Declaration 聲明:

I hereby confirm, acknowledge and understand that all information relating to my child(ren), including but not limited to his/her/their videos, photographs, images and/or pictures may be used by VolleyDay for all future marketing material, including, but not limited to print advertisements, television advertisements, website or internet related advertisements of whatsoever nature, and further confirm and acknowledge that neither my child(ren) nor myself nor my spouse nor guardian shall be entitled to any proceeds whatsoever derived therefrom or to any interest therein. The information provided in the enrolment form by the applicants is true and correct and the applicants are eligible for the training according to the rules set by the Organizer. I understand that if false information is provided, we will be immediately disqualified with all the results cancelled. Enrolment fee will not be refunded. The applicants agree to comply with all the rules set by the Organizer. The applicant is healthy and physically fit to participate in the above competition. VolleyDay shall not be liable for any injuries or death which the applicant may sustain in the training due to their own negligence, ill health or poor physical condition.

Applicant Name 申請人姓名: _____ Name of Parent 家長姓名: _____
Signature 簽署: _____ Signature of Parent 家長簽署: _____
Date 日期: _____ Date 日期: _____