



VOLLEYDAY SPORTS ACADEMY

Enrolment Form 報名表

VolleyDay 青少年排球暑期訓練班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: _____

Summer Course District 暑期訓練班分區: Shatin 沙田及馬鞍山區 / Kowloon 九龍中西區

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 _____ Signature of Parent _____

簽署: _____ 家長簽署: _____

Date 日期: _____ Date 日期: _____