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67<sup>th</sup> Festival of Sport – Underwater Sports Fun Day  
(Freediving Competition)

第 67 屆體育節 – 水底運動同樂日  
自由潛水比賽

Date: 23<sup>rd</sup> June 2024 日期: 2024 年 6 月 23 日 Time 時間: 10am – 12pm

Venue: Tai Wan Shan Swimming Pool 地點: 大環山游泳池

自由潛水比賽報名表 Freediving Pool Competition Entry Form

**(I) 參加者個人資料 Particulars of Applicant:**

姓名 Name (中文 Chinese) :	_____	(英文 English) :	_____
出生日期 Birth :	年 Y 月 M 日 D _____	性別 Gender :	_____
中國香港潛水總會會員 HKCUA Member :	是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/>	會員編號 Membership No. :	_____
電郵地址 Email-Address :	_____	身份證號碼 頭四個字 ID No.:	_____
通訊地址 Address :	_____		
手提電話 Mobile Tel :	_____	住址電話 Home Tel :	_____

截止報名日期為 2024 年 6 月 4 日中午 12 正前，逾期、報名資料有缺漏、虛報或欠交款項，其申請將不獲受理。  
The deadline is 4<sup>th</sup> June 2024, 12:00PM. NO late application nor application with missing or false information or without payment will be accepted.

**(II) 比賽項目 Competition Event:**

請選擇比賽項目，並填上預佈成績。Please select the event and fill in the performance announcement.

**比賽項目及預佈成績 Competition Event and Performance Announcement:**

1.  靜態 Statics / STA: \_\_\_\_\_ 分 minutes \_\_\_\_\_ 秒 seconds
2.  有蹼動態 Dynamics with Bi-fins /DYNB (米 meters) \_\_\_\_\_
- 或及 OR/AND**
- 無蹼動態 Dynamics without fins /DNF (米 meters) \_\_\_\_\_

**(III) 聲明 Declaration: (所有參賽者必須填寫) (All Applicant must sign this part)**

如參加者年齡未滿十八歲，須由家長或監護人簽署聲明。Signed and declared by Parent / Guardian if Applicant is under the age of 18.

本人謹此聲明(\*本人/小兒/小女)\_\_\_\_\_在本表格內所提供之資料皆正確無訛，並明白比賽章程之條款及願意遵從。本人謹此證明(\*本人/小兒/小女)身體健康及良好，並適宜參加所選擇之活動。如因參加是項活動而引致任何損失及受傷，主辦機構無需負責。

I, (\*myself/my son/my daughter), the undersigned, declare that the above information of \_\_\_\_\_ is correct and in order. I understand and abide by the terms and conditions of the competition. I declare that (\*myself/my son/my daughter) is physically fit and suitable to participate in the selected event(s). The Organizer shall not be liable for any lost or injury that I may suffer in this event.

\*請刪去不適用者 Please delete as appropriate

參加者姓名: Applicant's name: _____	參加者簽名: Applicant's Signature: _____	日期: Date: _____
家長/監護人姓名: Parent/Guardian's name: _____	家長/監護人簽名: Parent/Guardian's Signature: _____	日期: Date: _____
屬會/教練姓名: Club/Instructor's name: _____	屬會/教練簽名: Club/Instructor's Signature: _____	日期: Date: _____

金額 Amount: _____	費用全免 _____	日期 Date: _____
現金 Cash / 支票 Cheque: _____	銀行 Bank: _____	



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## 條款 Terms and Conditions

- 參加者要負責明白自己的身體狀況及健康是否適合是次活動。  
Applicants must make sure that they are physically fit and suitable to participate in their enrolled event.
- 報名一經接納，不得轉讓名額，退出者所繳付之費用概不退還。  
Applicants will not be allowed to change their entry to others or to refund their entry fee when their application is submitted.
- 本會建議參加者自行安排保險之事宜。本會不會負責任何意外及其它損失或賠償。  
HKUA suggests that applicants must have their own insurance covers. HKCUA shall not be responsible for any loss or injury to any applicant or third party in such event.
- 本會有絕對權力決定接受或拒絕任何申請，而不須作任何解釋。  
HKCUA reserves its rights to accept or reject any application without giving any explanation(s).
- 活動負責人及本會職員有權拒絕不守紀律或任何其他之原因之參加者繼續參與活動，所繳之費用概不發還。  
Event in-charges or officials reserve the rights to refuse the applicants to continue an event due to lack of discipline or any other reasons and/or forfeit their play and entry fee.
- 比賽當日，如香港天文台發出惡劣天氣警告，其安排如下：

情況	比賽安排
香港天文台在上午 10 時或之後，發出或宣佈將會發出八號或更高颱風信號	當日上午比賽取消
香港天文台在上午 10 時或之後，發出或宣佈將會發出黑色暴雨警告	當日上午比賽取消

如比賽已經開始，本會可因應臨場天氣情況作出處理。

If Hong Kong Observatory hoists adverse weather warning on competition day, the arrangement will be as follow:

Condition	Competition arrangement
Hong Kong Observatory hoists or will hoist Typhoon Signal No. 8 or above after 10:00 a.m. on competition day	Cancellation of competition held in the morning
Hong Kong Observatory hoists or will hoist Black Rainstorm Warning after 10:00 a.m. on competition day	Cancellation of competition held in the morning

If competition started, event in-charges will decide to continue an event or not depends on the condition of the venue.

- 參加者所攜帶之物品，需自行負責，如有遺失，本會恕不負責。  
Applicants bear responsibility for their own belongings. HKCUA is not to be held liable for any loss and damage during the event.
- 本條款如有未完善之處，本會有最終修改權。  
HKCUA reserves the rights to revise its terms and conditions at any time.



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參與中國香港潛水總會有限公司

第 67 屆體育節 - 水底運動同樂日(自由潛水比賽)

健康及責任免除聲明書

表格

Form : A-003

本會忠告各已參加或有意參加任何形式的潛水訓練、潛水活動或水下活動的人士，均需要注意及了解本身的健康是否適宜參與任何形式的上述活動。填妥下表會有助了解本身對上述活動的合適程度。填表後，即使表中有肯定的答案，並不表示您不能進行活動，但需事前徵詢閣下醫生的專業意見。本會更建議任何參加上述活動的人士，即使下表中全為否定的答案，為著本身的健康及安全，都應每年進行體格檢查。

在參與潛水活動前，請細閱下文並在合適的方格填上”X”及刪除不適用註釋：

是 否

- 您將會懷孕、可能懷孕或已懷孕
- 您需要定期服用成藥或醫生處方藥物
- 您已年屆四十五或以上

是 否

- 您有抽煙（包括任何形式的煙）
- 您的膽固醇量偏高
- 家族中曾有罹患心臟病、中風或癲癇症成員

您過去曾罹患或目前患有下列病症？或曾有過下列徵狀出現？

- |  |  |
|--|--|
| <input type="checkbox"/> <input type="checkbox"/> 心臟病／心臟病發作（現需否服用抑制藥物） | <input type="checkbox"/> <input type="checkbox"/> 曾做過心絞痛、心臟或血管手術         |
| <input type="checkbox"/> <input type="checkbox"/> 哮喘，呼吸時／運動時會喘         | <input type="checkbox"/> <input type="checkbox"/> 曾做過耳或鼻竇手術              |
| <input type="checkbox"/> <input type="checkbox"/> 糖尿病                  | <input type="checkbox"/> <input type="checkbox"/> 曾做過結腸切開手術              |
| <input type="checkbox"/> <input type="checkbox"/> 癲癇症、中風或痙攣（現需否服用抑制藥物） | <input type="checkbox"/> <input type="checkbox"/> 曾做過潰瘍手術                |
| <input type="checkbox"/> <input type="checkbox"/> 高血壓（現需否服用抑制藥物）       | <input type="checkbox"/> <input type="checkbox"/> 曾做過胸部手術                |
| <input type="checkbox"/> <input type="checkbox"/> 氣胸（肺萎陷）              | <input type="checkbox"/> <input type="checkbox"/> 曾做過背部手術                |
| <input type="checkbox"/> <input type="checkbox"/> 經常性的背部問題             | <input type="checkbox"/> <input type="checkbox"/> 曾做過其他方面手術_____         |
| <input type="checkbox"/> <input type="checkbox"/> 完全／部份的暫失知覺或昏倒        | <input type="checkbox"/> <input type="checkbox"/> 手術、受傷或骨折的後遺症           |
| <input type="checkbox"/> <input type="checkbox"/> 耳朵毛病、聽力喪失及／或平衡的問題    | <input type="checkbox"/> <input type="checkbox"/> 行為健康的問題                |
| <input type="checkbox"/> <input type="checkbox"/> 經常會因晃動而不適（暈浪）        | <input type="checkbox"/> <input type="checkbox"/> 幽閉/空曠恐懼症(獨處封閉／開放空間有恐懼) |
| <input type="checkbox"/> <input type="checkbox"/> 經常性的感冒、鼻竇炎           | <input type="checkbox"/> <input type="checkbox"/> 流血或其他血液失常問題            |
| <input type="checkbox"/> <input type="checkbox"/> 支氣管炎或任何形式的肺病         | <input type="checkbox"/> <input type="checkbox"/> 周期性的偏頭痛（現需否服用抑制藥物）     |
| <input type="checkbox"/> <input type="checkbox"/> 經常性或嚴重的鼻敏感／花粉熱／過敏症   | <input type="checkbox"/> <input type="checkbox"/> 與潛水有關的意外或疾病            |
| <input type="checkbox"/> <input type="checkbox"/> 疝氣                   | <input type="checkbox"/> <input type="checkbox"/> 不能進行中度或以上的運動（8分鐘步行1公里） |

本人在此所提供的個人病歷資料是在本人知識所及範圍內所作的正確回答，本人明白參與各類潛水活動項目均有一些潛在危險，對於任何因參與各類潛水活動項目而引致的任何形式的傷害或死亡，本人明確表示自負其責，將不向籌辦機構之個人或組織追究任何責任。

本人同時聲明，本人已到法定年齡，在法律上有資格簽署此份健康及責任免除聲明書，或本人已取得父母或監護人在本聲明書上的加簽認可。

參加者姓名：\_\_\_\_\_

簽署：\_\_\_\_\_

日期：\_\_\_\_\_

本人是上述參加者之父母／監護人，本人已閱讀過由上述參加者填具在本聲明書上的各項條款，本人確證本聲明書上之各項全屬真確，並同意讓上述參加者參與中國香港潛水總會及／或其屬會所舉辦之有關活動，並願意由參加者及／或其監護人自負其責，將不向籌辦機構之個人或組織追究任何責任。

父母／監護人姓名：\_\_\_\_\_

簽署：\_\_\_\_\_

日期：\_\_\_\_\_



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**Medical, Liability Release and Assumption of Risk  
Statement of participate in activities of Hong Kong  
China Underwater Association Limited**

表格  
Form : A-003

The HKCUA advice who had participate or would like to participate in any kinds of Dive training, Dive activities, or Underwater activities, should acknowledge himself/herself is physically fit for attending the said activities. Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Please answer the following question and put an "X" in the right boxes, "Y" for "yes" and "N" for "no":

Y N

- You are pregnant, or you are attempting to become pregnant.
- You are presently taking prescription medications.
- You are over 45 years of age

**Have you ever had or do you currently have...**

- Heart disease / Heart attack (or need to take medication to prevent) ?
- Asthma, or wheezing with breathing, or wheezing with exercise?
- Diabetes?
- Epilepsy, seizures, convulsions or take medications to prevent them?
- High blood pressure or take medicine to control blood pressure?
- Pneumothorax (collapsed lung)?
- Back or spinal surgery?
- Blackouts or fainting (full/partial loss of consciousness)?
- Ear disease or surgery, hearing loss or problems with balance?
- Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
- Frequent colds or sinusitis
- Bronchitis or any form of lung disease?
- Frequent or severe attacks of hayfever or allergy?
- Hernia?

Y N

- You are a smoker (pipe, cigars or cigarettes)
- You have a high cholesterol level
- You have a family history of heart attack or stroke
- Angina, heart surgery or blood vessel surgery?
- Sinus surgery?
- A colostomy or ileostomy?
- Ulcers or ulcer surgery?
- Chest surgery?
- Back surgery?
- Other surgeries? \_\_\_\_\_
- Problems following surgery, injury or fracture?
- Behavioral health problems?
- Fear of closed or open spaces?
- Bleeding or other blood disorders?
- Recurring complicated migraine headaches or take medications to prevent them?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: walk 1 km within 8 mins.)?



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I, \_\_\_\_\_, hereby affirm that the information I have provided about my medical history is accurate to the best of my knowledge. I am aware that diving activities have inherent risks which result in serious injury or death. I understand and agree that neither the HKCUA nor the organizer of the activity may be held liable or responsible in any way for any injury, death or the other damage to me. I hereby personally assume all risk of this activity and that I will not hold the HKCUA or the organizer responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

I am the Parent/Guardian of \_\_\_\_\_, and I have read the above statement. I hereby affirm that the information provided above is truth. And I agree the said participant to attend this activity. I hereby affirm that the participant or Parent/Guardian of the participant assume all risk of this activity and that I will not hold the HKCUA or the organizer responsible for the same.

Name of Parent/Guardian : \_\_\_\_\_

Signature of Parent/Guardian : \_\_\_\_\_

Date : \_\_\_\_\_