LCS637a (Revised in Sept 2006)

For Office Use	
Full Rate _____no.	Concessionary Rate _____ no.

LEISURE AND CULTURAL SERVICES DEPARTMENT
APPLICATION FOR RECREATION AND SPORTS ACTIVITIES
(INDIVIDUAL RECREATION AND SPORTS ACTIVITIES)

Programme No.: _____ **Name of Activity** : _____

For Activity Enrolled by Balloting (Applicant should complete item **I, II** and **address**	(Please fill in the activity codes in the boxes according to the order of your preference. For the same type of activities organized by **the same district** with the same enrolment periods, each applicant can only submit one enrolment form; and if an applicant submits two or more enrolment forms or the information provided therein is incomplete, his/her application will not be entertained.) **Notes:** Separate enrolment forms should be submitted for activities of the same type but with different enrolment periods or for different types of activities.					
	Choice Order	1	2	3	4	5
	Programme No.					
	Class Code (if applicable)					

I. Particulars of Applicant (# Please tick as appropriate)

Name :_____ Leisure Link Patron No (if applicable).:_____

(Should be the same as the one shown on the identity document)

Chinese Code (if any) : |_|_|_|_| |_|_|_|_| |_|_|_|_| |_|_|_|_| Date of Birth : |_|_| |_|_| |_|_|_|_|
Day Month Year

Identity Certificate No. : _____ Sex# : ❑ Male ❑ Female

Contact Tel. No. : (Day) _____ (Night) _____ (Mobile) _____

(In case of emergency, please call _____Contact Person:_____)

Occupation# : ❑ Employed ❑ Housewife ❑ Full-time Student ❑ Retired ❑ Others, please specify_____

II. Declaration (For applicants of Water Sports Activities, please sign either item (3) or (4) only)

(1) Applicants aged 18 or above must sign this declaration

I declare that: I am healthy, physically fit, and suitable to participate in the above activity. The Leisure and Cultural Services department (LCSD) shall not be liable for any injury or death which I may suffer in this activity, if the cause of injury or death is due to my own negligence or inadequacy in health and fitness.

Signature of Applicant: _____ Date: _____

(2) For applicants aged below 18, this part should be completed by his/her parent or guardian

I declare that: _____(applicant's name) is healthy, physically fit, and suitable to participate in the above activity. The Leisure and Cultural Services Department shall not be liable for any injury or death which the participant may suffer in this activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.

Parent/Guardian's Signature:_____ Date:_____

(3)Declaration for Water Sports Activities (except swimming training courses) (for applicants aged 18 or above)

I declare that: I can swim for at least 50 meters and do not suffer from any illness that renders me unfit for the above mentioned activity. The Leisure and Cultural Services Department shall not be liable for any injury or death which I may suffer in this activity, if the cause of injury or death is due to my own negligence or inadequacy in health and fitness.

Signature of Applicant: _____ Date: _____

(4)Declaration for Water Sports Activities (except swimming training courses) (for applicants aged below 18)

I agree to allow _____(applicant's name) to participate in the above mentioned activity and declare that he/she can swim for at least 50 meters and does not suffer from any illness that renders him/her unfit for this activity. The Leisure and Cultural Services Department shall not be liable for any injury or death which the participant may suffer in this activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.

Parent/Guardian's Signature:_____ Date: _____

(5) For applicants' Swimming Companion (Only for Water Safety Course for Baby. Each baby participant must be accompanied by a parent or guardian who is over 18 years old and the latter is also required to wear a swimming suit to take the course together with the participant in the pool. No baby participant is allowed to attend the class if not accompanied by a parent or guardian.)

I declare that: I am over 18, healthy, physically fit, and suitable to accompany the applicant to participate in the above activity. The Leisure and Cultural Services Department shall not be liable for any injury or death which I may suffer in this activity, if the cause of injury or death is due to my own negligence or inadequacy in health and fitness.

Name of Swimming Companion : _____ Signature of Swimming Companion : _____ Date : _____

For applicants of the following activities, please also complete and submit the "Physical Activity Readiness Questionnaire - PAR-Q" (If a participant answers "yes" to one or more questions in the "PAR-Q & YOU", his/her physical condition may not be suitable for taking part in the following activities. For safety's sake, he/she should consult a doctor in advance and produce a medical certificate upon enrolment to prove that he/she is physically fit for taking part in the activity concerned. Any participant who fails to produce a medical certificate must submit the completed Declaration together with the enrolment form upon enrolment**):**

- Aerobic Dance
- Fitness (Multi-gym)
- Fitness Exercise
- Hydro Fitness
- Quali Walk
- Briefing on Proper Ways to Use Fitness Equipment

Note:

1. Applicants should produce the originals or copies of their identify documents upon enrolment for our verification of their eligibility and the charging of appropriate types of fees.
2. For activity fees, please refer to the enrolment guide or programme information sheets.
3. The information provided by you will only be used for enrolment of recreation and sports activities organized by the Leisure and Cultural Services Department, future contact purpose and opinion survey. For correction of or access to personal data collected by means of this form, please contact staff of the enrolment counter/district.
4. The provision of your personal data (except the item 'Occupation') in this form is obligatory. If you do not provide the required personal data, your application will not be entertained.

Please complete the following address panels.

Name : _____	Name : _____
Fax No. : _____	Fax No. : _____
Address : _____	Address : _____
_____	_____
(Leave it blank if you have already filled in your fax no.)	(Leave it blank if you have already filled in your fax no.)