



## Masters Games 2016 – Swimming Competition

### - Enrolment Form –

(Programme Number: 4044 5622)

For Office Use (Restricted)	
No.	

**Division and Event:** Please put a “✓” in the appropriate box. Each applicant may enter a maximum of three events, including the open events.

Division	A (Age 60 or above)	B (Age 55 – 59)	C (Age 50 – 54)	D (Age 45 – 49)	E (Age 40 – 44)	F (Age 35 – 39)
Men’s <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women’s <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Event	200m	100m	50m
Freestyle	<input type="checkbox"/> Open	<input type="checkbox"/>	<input type="checkbox"/>
Breaststroke	<input type="checkbox"/> Open	<input type="checkbox"/>	<input type="checkbox"/>
Backstroke	<input type="checkbox"/> Open	<input type="checkbox"/> Open	<input type="checkbox"/>
Butterfly	<input type="checkbox"/> Open	<input type="checkbox"/> Open	<input type="checkbox"/>
Individual Medley	<input type="checkbox"/> Open		

**Personal Data of Participant** *(Fields marked with \* are mandatory and must be completed. Otherwise, your application will not be accepted. Please consider whether prior consent of the person for emergency contact should be obtained before entering his/her name and telephone number.)*

\*Name : (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_  
(As shown on the identity document)

Chinese Code (if any) :           \*Gender :  Male  Female

\*Date of Birth :   (Day)   (Month)    (Year) \*Identity Document No.: \_\_\_\_\_

\*Contact Tel. No. : (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ (Mobile) \_\_\_\_\_

\*Person for Emergency Contact: \_\_\_\_\_ \* Tel. No. of Person for Emergency Contact: \_\_\_\_\_

\*Address/Fax No./E-mail Address : \_\_\_\_\_

- 【Declaration】 :**
- (1) All the information provided in this form is true and correct and I am eligible for the competition according to the rules set by the Organiser. I understand that if false information is provided, I will be immediately disqualified with all my results cancelled. The enrolment fee paid will not be refunded.
  - (2) I have read the competition prospectus and agreed to abide by the rules and regulations.
  - (3) I am healthy and physically fit to participate in this competition. The Organiser shall not be liable for any injury or death which I may suffer in the competition if the cause of injury or death is due to my own negligence or inadequacy in health or fitness.
  - (4) I understand that if any person is found playing under my name, all the results and award(s) obtained by me in the event concerned will be cancelled.

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

- Note :
- (1) The information you have provided will only be used for the purposes of enrolment, compilation of statistics, future contact and opinion survey. Only the staff authorised by the Organiser will be given access to the information for the aforesaid purposes. For correction of or access to the personal data after submission of enrolment form, please contact staff of the Organiser.
  - (2) The personal data you have provided will be destroyed within 3 months after the “Masters Games 2016 — Swimming Competition”.

### Acknowledge Slip of the Organiser

Your enrolment form for the “Masters Games 2016 — Swimming Competition” has been received. Both successful and waiting list applicants will be notified of the payment arrangements in writing. If you do not receive a notification letter when the payment period is about to end, please contact the Organiser immediately.

Enquiries: **2601 7672**

For Office Use Only
No.: _____
Date: _____
Chop of the District/Venue: _____

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Affix  
Stamp  
Here

Major Events Section  
2/F, Leisure and Cultural Services Headquarters,  
1 – 3 Pai Tau Street, Sha Tin,  
New Territories



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