



Organised by



## Masters Games 2016 – Tai Chi Competition

### - Enrolment Form for Individual Event -

For Office Use (Restricted)

No. \_\_\_\_\_

**Division and Event:** Please put a “✓” in the appropriate box. Each applicant may either Tai Chi Chuen or Tai Chi Sword division.

Activity No.	Division	Event
4044 5570	Tai Chi Chuen <input type="checkbox"/> Men’s Individual	School of Tai Chi to be Performed : <input type="checkbox"/> Chen-style (陳式) <input type="checkbox"/> Yang-style (楊式) <input type="checkbox"/> Wu-style (Zheng-style) (吳式(鄭式)) <input type="checkbox"/> Sun-style (孫式) <input type="checkbox"/> Wu(Hao)-style (武式) <input type="checkbox"/> Other (Please specify): _____
4044 5571	<input type="checkbox"/> Women’s Individual	
4044 5573	Tai Chi Sword <input type="checkbox"/> Men’s Individual	
4044 5574	<input type="checkbox"/> Women’s Individual	
		Remarks: 1. Applicants/teams may perform any schools of Tai Chi Chuen/Sword in the competition but they have to indicate the name of school to be performed in the enrolment form clearly. 2. Participants/teams must perform in the school specified in their enrolment forms, and amendment on site is not allowed. Those who wish to change the participating school must submit their application <u>in writing</u> to the <u>Organiser</u> on or before 1 November 2016. 3. The Organiser reserves the final right on the definition of schools and grouping arrangement. Participants shall not raise any objection.

**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: \_\_\_\_\_

- Notes:
- (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 — Tai Chi Competition”.

#### Acknowledge Slip of the Organiser

Your enrolment form for the “Masters Games 2016 — Tai Chi 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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Major Events Section  
Leisure and Cultural Services Department  
2/F, Leisure and Cultural Services Headquarters,  
1-3 Pai Tau Street, Sha Tin  
New Territories



**Masters Games 2016 – Tai Chi Competition**

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# Masters Games 2016 – Tai Chi Competition

## - Enrolment Form for Team Event -

For Office Use (Restricted)	
No.	

**Division and Event: Please put a “✓” in the appropriate box. Each team may either Tai Chi Chuen or Tai Chi Sword division.**

Activity No.	Division	Event
4044 5572	<input type="checkbox"/> Team's Open for <b>Tai Chi Chuen</b> (5-10 persons/team)	Team Name: _____ School of Tai Chi to be Performed : <input type="checkbox"/> Chen-style (陳式) <input type="checkbox"/> Yang-style (楊式) <input type="checkbox"/> Wu-style (Zheng-style) (吳式(鄭式)) <input type="checkbox"/> Sun-style (孫式) <input type="checkbox"/> Wu(Hao)-style (武式) <input type="checkbox"/> Other (Please specify): _____ Remarks: 1. Applicants/teams may perform any schools of Tai Chi Chuen/Sword in the competition but they have to indicate the name of school to be performed in the enrolment form clearly. 2. Participants/teams must perform in the school specified in their enrolment forms, and amendment on site is not allowed. Those who wish to change the participating school must submit their application <u>in writing to the Organiser on or before 1 November 2016.</u> 3. The Organiser reserves the final right on the definition of schools and grouping arrangement. Participants shall not raise any objection.
4044 5575	<input type="checkbox"/> Team's Open for <b>Tai Chi Sword</b> (4-8 persons/team)	

**Personal Data of Team Manager** (Fields marked with \* are mandatory and must be completed. Otherwise, your application will not be accepted.)

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

Chinese Code (if any): 

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 \*Gender:  Male  Female

\*Date of Birth: 

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 (Day) (Month) (Year) \*Identity Document No: \_\_\_\_\_

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

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

**Personal Data of Participants** (Team Manager is also required to fill in his/her personal particulars in the below table if he/she will take part in the competition. Please consider whether prior consent of the person for emergency contact should be obtained before entering his/her name and telephone number.)

No	*Name of Team Member	*Gender	*Date of Birth (DD/MM/YY)	*Identity Document No	Person for Emergency Contact	Emergency Contact No.	Signature ^
1 (Captain)							
2							
3							
4							
5							
6							
7							
8							
9							
10							

- [Declaration]:** ^ This signature means you are agreed with the declaration below.
- 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.
  - I have read the competition prospectus and agreed to abide by the rules and regulations.
  - 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.
  - 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 Team Manager: \_\_\_\_\_ Date: \_\_\_\_\_

- Notes: (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.
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