

For Office Use Only (Restricted)	
No:	

Masters Games 2023 - Swimming Competition

~ Enrolment Form ~ (Programme No. 4066 0696)

Division and Event: Please put a “✓” in the appropriate box. Each participant may enrol in **a maximum of 3 events**, including the open events.

Division	A (Aged 65 or above)	B (Aged 60 - 64)	C (Aged 55 - 59)	D (Aged 50 - 54)	E (Aged 45 - 49)	F (Aged 40 - 44)	G (Aged 35 - 39)
<input type="checkbox"/> Men's	<input type="checkbox"/>	<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 Participants: Fields marked with * are mandatory and must be completed/signed. Otherwise, your application will not be accepted. Please consider whether prior consent of the emergency contact person should be obtained before putting down 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: * Age _____ * Identity Document No.: _____
(Day) (Month) (Year)

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

* Emergency Contact Person: _____ * Tel. No. of Emergency Contact Person: _____

* Email Address/Address/Fax No.: _____

- Declaration:**
- (1) All the information provided in this form is true and correct and I am eligible for the competition. I understand that if false information is provided, I will be immediately disqualified with all my results invalidated. The enrolment fee paid will not be refunded.
 - (2) I have read the competition prospectus and agree to abide by the rules and regulations.
 - (3) I am physically fit to participate in this competition.
 - (4) I understand that if any person is found participating in the competition under my name, all the results and award(s) attained by me in the event concerned will be invalidated.

*Signature of _____ Date: _____
Participant:

Note: 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 personal data after submission of the enrolment form, please contact staff of the Organiser.

Acknowledgement Slip of the Organiser

Your enrolment form for the “Masters Games 2023 - Swimming Competition” has been received. Both successful and waitlisted applicants will be notified of the fee 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 7673

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

Major Events Section

2/F, Leisure and Cultural Services Headquarters

1-3 Pai Tau Street, Sha Tin, New Territories

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Stamp
Here

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