

Organised by



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No.

Masters Games 2023 – Tai Chi Competition

- Enrolment Form for Individual Event -

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

Programme No.	Division		Event
4066 0217	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): _____
4066 0218		<input type="checkbox"/> Women’s Individual	
4066 0220	Tai Chi Sword	<input type="checkbox"/> Men’s Individual	
4066 0221		<input type="checkbox"/> Women’s Individual	

Remarks:
 1. Participants 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 must perform in the school specified in their enrolment forms, and are not allowed to change on the spot. Those who wish to change the school must submit their application in writing to the LCSD on or before 18 May 2023. Late submissions will not be accepted.
 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/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: (Day) (Month) (Year) *Age: _____ *Identity Document No.: _____

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

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

*E-mail 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 healthy and 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 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 the enrolment form, please contact staff of the Organiser.

Acknowledgement Slip of the Organiser

Your enrolment form for the “Masters Games 2023 — Tai Chi 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 telephone no.: 2601 7673

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Major Events Section

2/F, Leisure and Cultural Services Headquarters

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

Masters Games 2023 – Tai Chi Competition

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- Enrolment Form for Team Event -

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

Programme No.	Division	Event
4066 0219	<input type="checkbox"/> Team's Open for Tai Chi Chuen (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): _____
4066 0222	<input type="checkbox"/> Team's Open for Tai Chi Sword (4-8 persons/team)	Remarks: 1. 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. Teams must perform in the school specified in their enrolment forms, and are not allowed to change on the spot. Those who wish to change the school must submit their application in writing to the LCSD on or before 18 May 2023. Late submission will not be accepted. 3. The Organiser reserves the final right on the definition of schools and grouping arrangement. Participants shall not raise any objection.

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): *Gender: Male Female

*Date of Birth: (Day) (Month) (Year) *Age: _____ *Identity Document No.: _____

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

*E-mail Address/Address/Fax No.: _____

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 putting down his/her name and telephone number.)

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

^ This signature means you agree with the declaration below.

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 healthy and physically fit to participate in this competition.
- (4) I understand that if any person is found participating the competition under my name, all the results and award(s) attained by me in the event concerned will be invalidated.

*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 the enrolment form, please contact staff of the Organiser.

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