Organised by The Cycling Association of Hong Kong, China (CAHK)
Subvented by the Leisure and Cultural Services Department
Co-organised by the Education Bureau

School Sports Programme
2026/27 Joint Schools Cycling Training Programme – Cycling
Application Form

Particulars of Applicant

Name of Student (English):_____ Gender: ❑ M ❑ F Date of Birth:_____

Contact / Mobile No.:_____ Email Address:_____

School:_____ Class:_____

School Address:_____

School Contact Person:_____ School Contact No.:_____

(In case of emergency, please contact_____on_____.)

I *_*have/haven't*_ participated in any joint schools cycling training course(s) under the Programme.

Please place a tick in the appropriate boxes below.

Course Code	Date	Fee	Venue	Equipment
CY/JT/26-27/03 (Phase I) ❑	11 October 2026 (Selection day) (Sunday)	$450	Test Venue: Hong Kong Jockey Club International BMX Park	Bike will be provided by CAHK
	18, 25 October 2026; 1, 8, 15, 22, 29 November 2026; 6 December 2026 (Sunday)		Assembly Venue: Main Entrance of the Hong Kong Velodrome Training Venues: Cycling Tracks in Po Lam, Tseung Kwan O, Tiu Keng Leng, Hang Hau and Lohas Park	❑ Rent a bike & helmet from the CAHK ❑ Bring my own bike & helmet
CY/JT/26-27/04 (Phase II) ❑	10 January 2027 (Selection day) (Sunday)	$450	Test Venue: Hong Kong Jockey Club International BMX Park	Bike will be provided by CAHK
	17, 24, 31 January 2027; 14, 21, 28 February 2027; 7, 14 March 2027 (Sunday)		Assembly Venue: Main Entrance of the Hong Kong Velodrome Training Venues: Cycling Tracks in Po Lam, Tseung Kwan O, Tiu Keng Leng, Hang Hau and Lohas Park	❑ Rent a bike & helmet from the CAHK ❑ Bring my own bike & helmet

2026/27 Joint Schools Cycling Training Programme – Cycling

Declaration

Applicants aged 18 or above must sign the following declaration:

I, _____ (Name of Applicant), hereby declare that all the information provided above is true and correct. I confirm that I am healthy and physically fit for the captioned programme.

Signature of Applicant: _____

Date: _____

For applicants under the age of 18, the following declaration must be signed by one of the parents or a guardian:

I, _____ (*Name of Parent/Guardian), hereby declare that all the information provided above is t and correct, and I consent to the participation of _____ (name of applicant) in the captio programme. I confirm that the applicant is healthy and physically fit for the captioned programme.

*Signature of Parent/Guardian: _____

Date: _____

* Please delete as appropriate

Notes:

1. Applicants must possess basic cycling skills up to the specified level with recommendation from the coach of The Cycling Association of Hong Kong, China (CAHK) or school teacher.
2. Applicants must be primary or secondary school students aged 9 or above on the commencement date of the programme.
3. Applicants should submit **completed application forms, together with crossed cheques in payment made payable to "The Cycling Association of Hong Kong, China Limited" with his or her school name and name written on the back** to the School Sports Programme Unit, 1/F, Leisure and Cultural Services Headquarters, 1-3 Pai Tau Street, Sha Tin **on or before the corresponding deadline**. Please mark on the envelope "Joint Schools Cycling Training Programme". For submission by post, the date of postmark will be taken as the submission date. For submission by email, the date of receipt of the cheque by the LCSD will be taken as the submission date. **Late applications will not be accepted.**
4. The personal data provided by the applicant will only be used for enrolment, communication, announcement of results, compilation of statistics and opinion surveys related to activities under the School Sports Programme. Such data will be accessible only to authorised personnel of the Leisure and Cultural Services Department (LCSD) and relevant National Sports Associations. While the provision of personal data is voluntary, applications with insufficient information may not be processed. For access to or correction of the personal data submitted, please contact the staff of the LCSD on 2601 7608.

Recommendation from Teacher/Coach of the CAHK (may be submitted afterwards, but must on/before the selection day)

I hereby recommend _____(Name of Applicant) as a participant of the 2026/27 Joint Schools Cycling Training Programme.

* Name of Teacher/Coach: _____ (*Mr./Ms.)

* Signature of Teacher/Coach: _____

Contact No.: _____

Date: _____

(School Chop)

*Please delete as appropriate