



HONG KONG MULTISPORTS ASSOCIATION

香港全能運動學會



報名表 - Entry Form

課程名稱 (Pose Method of Running) 姿勢跑法訓練課程2018

Class Name

姓名 (英文) _____ (中文) _____
 Name (ENG) _____ (Chinese) _____
 電話 (辦公室) _____ (手提) _____
 Phone (Office) _____ (Mobile Phone) _____

通訊地址

Address _____

電郵地址

Email _____

性別 男 _____ 女 _____
 Gender Male Female

請以 選擇 (實習課) 09/02, 23/02, 02/03, 09/03 - (Friday) (逢星期五) 19:30-21:30
 Please for Choice (Patrice Session) Kowloon Bay Sports Ground-九龍灣運動場
 (實習課) 16/03, 23/03, 06/04, 13/04 - (Friday) (逢星期五) 19:30-21:30
 (Patrice Session) Kowloon Bay Sports Ground-九龍灣運動場
 (實習課) 20/04, 27/04, 04/05, 11/05 - (Friday) (逢星期五) 19:30-21:30
 (Patrice Session) Kowloon Bay Sports Ground-九龍灣運動場

請以 選擇 (實習課) 07/02, 21/02, 28/02, 07/03 (Wednesday) (逢星期三) 19:30-21:30
 Please for Choice (Patrice Session) CausewayBay Sports Ground-銅鑼灣運動場
 (實習課) 14/03, 21/03, 04/04, 11/04 (Wednesday) (逢星期三) 19:30-21:30
 (Patrice Session) CausewayBay Sports Ground-銅鑼灣運動場
 (實習課) 18/04, 25/04, 02/05, 09/05 (Wednesday) (逢星期三) 19:30-21:30
 (Patrice Session) CausewayBay Sports Ground-銅鑼灣運動場

請以 選擇 (Theory Session 1) (理論課一) 12/02/2018 (Monday) - (星期一) 19:30 - 21:30
 Please for Choice (Theory Session 2) (理論課二) 05/03/2018 (Monday) - (星期一) 19:30 - 21:30

中環德輔道中54-58號,中環李錦記13樓1301室 - 香港疼痛醫學中心
 Room 1301, 13/F, Lee Kum Kee Central, 54-58 Des Voeux Road, Central, Hong Kong

恒生銀行: 787-364421-001 HK Multisports Association Ltd. “香港全能運動學會有限公司”
 (參加者請自我保留收據, 已備核對)
 (所有個人資料絕對保密!) (註: 報名一經接納, 費用恕不退還)

參加辦法

Hong Kong Multisports Association Ltd. A/C no. 787-364421-001 Heng Sang Bank.
(The participant please keep the receipt for checked)
(All personal information is absolutely confidential)
(the registration is accepted; the fee is not refundable)

Application Details

請把此表格連同轉賬入數紙收據，電郵至posemethodhk@gmail.com
Please send this form together with the transfer receipt to posemethodhk@gmail.com

免責條款

謹此聲明本人乃是自願參加此項課程，並願意自行承擔所有責任。本人一旦因此項課程中受到任何財物損失、意外受傷或死亡，香港全能運動學會、相關機構及教練等人均毋須負上任何責任。

惡劣天氣

如訓練當日下午5時仍然懸掛紅色暴雨、黑色暴雨和三號或以上風球，課堂將會取消；會另安排補課。

"Disclaimer "

I hereby declare that I have voluntarily participated in this course and are willing to take all my responsibilities. I shall not be liable for any loss of property, accidental injury or death, omnipotent sports, related institutions and coaches in the course of this course.

Bad weather Arrangement

Such as the training day at 5 pm still hanging red rain, black rain and Typhoon no. 3 on, the class will be canceled; will be arranged to other classes as well.

入數紙收據編號：

Receipt no :

簽名：

Signage:

參加者姓名：

(請用正楷填寫)

Name of participant (please fill in BLOCK - LETTERS)

日期：

Date :

通訊地址: 九龍中央郵政局郵政信箱71264號 P.O.Box No. 71264 Kowloon Central Post Office
電話Tel: (852) 81194312 傳真 Fax: (852) 2779 0536
電郵E-mail: cs@hkmsa.com 網址 Website: www.hkmsa.hk