

## HKSF Dinghy Instructor and Senior Dinghy Instructor Revalidation/Validation Assessment Course Organised By: Hong Kong Sailing Federation

## **Enrolment Form**

Course Date:		
Name: (Mr / Ms / Miss)	(English)	(中文)
Age:	HKID No:	
Address:		
Mobile No:	<b>Email address:</b> rking email address and mobile. We will notify	applicants by email.)
Emergency Contact No:	Emergency Contact Person:	
Please choose one for the revalidat	ion/validation:	
Dinghy Instructor (DI No:	_) or □ Senior Dinghy Instructor (SI No	:)
HKSF Membership Number:		
	ence here (copy of Coaching Scheme Pe ctive teaching experience, prior to the da ):	-

attach a separate piece of paper if needed

I enclosed a cheque for  $\Box$  HK\$1,250 made payable to "Hong Kong Sailing Federation"

## Declaration:

□ I declare that I can swim for at least 50 meters and do not suffer from any illness that renders me unfit for the above mentioned activity. The Hong Kong Sailing Federation shall not be liable for any injury or death, which I may suffer in this activity if the cause of injury or death is due to my own negligence or inadequacy in health and fitness.

 $\Box$  I do not agree to disclose my instructor information at HKSF's website.

Signature of Applicant

Date

Please return this form to the HKSF Office at Room 1009, Olympic House, 1 Stadium Path, So Kon Po, Causeway Bay, Hong Kong on or before the application deadline, together with payment and relevant documents.