

體育先鋒預備隊選拔日2021

目的:	挑選具潛質運動員進入體育先鋒預備隊，接受系統性訓練，有機會代表本機構參加各項表演、本地比賽及邀請賽，希望發掘體操新星，培訓成為體操生力軍，為香港體操界展姿彩。
時期:	二零二一年十月二十三日(六)12:00-13:30或二零二一年十月二十五日(一) 18:30-20:00
地點:	九龍塘羅福道3A號香港澳洲國際學校 - 四樓體育館
報名資格:	7-12歲對競技體操有濃厚興趣，並具有最少一年體操訓練經驗之學員
服裝:	體操服
名額:	各時段20人
費用:	\$100
報名方法:	<p>(1) 於網上報名並上載入數存根; 或</p> <p>(2) 填妥以下表格並連同支票/入數存根，以電郵/傳真/郵寄/親臨本機構天后總部報名。</p> <ul style="list-style-type: none"> - 支票抬頭: 『體育先鋒有限公司』並於背面寫上學生姓名及聯絡電話 - 入數帳戶: 滙豐銀行 028-416253-838 - 郵寄地址: 天后琉璃街七號柏景中心廿七樓，體育先鋒有限公司
截止日期:	二零二一年十月九日
評審內容:	1. 爆發力; 2. 耐久力; 3. 靜止力; 4. 柔軟度; 5. 技巧動作
查詢:	電話:27574324 傳真:25496041 網址: www.sportscene.com.hk 電郵: enquiry@sportsceneltd.com
備註:	<p>1. 成功報名與否均會於16/10以電郵通知。</p> <p>2. 甄選名單將於選拔日後兩星期以電郵通知。</p> <p>3. 如未能於指定日期回覆確認及繳付預備隊學費將視作放棄論，會由後補名單補上。</p> <p>4. 預備隊學員必須每星期7.5-8小時，上課地點同上，費用\$110/小時。</p> <p> (可選擇之上課時段為: 星期一/四/五18:30-21:00 / 星期六09:00-12:00/09:00-14:00)</p> <p>5. 報名一經接納，所繳費用，不論任何情況一概不退還。</p> <p>6. 本機構保留最終取錄學員之權利，參加者不得異議。</p> <p>7. 體操運動存在一定風險，為提供保障，建議各參加者購買個人意外保險。</p>

體育先鋒總監
 鄭美芳女士
 二零二一年九月十五日

參加者健康及體能須知

1. 參加者/參加者之監護人應確定參加者於進行相關課程/比賽/活動時：
 - 未曾有醫生說過參加者的心臟有問題，以及只可進行醫生建議的體能活動
 - 參加者未曾於進行體能活動時會感到胸口痛
 - 過去一個月內，參加者未曾在沒有進行體能活動時也感到胸口痛
 - 參加者未曾因感到暈眩而失去平衡，或曾否失去知覺
 - 參加者的骨骼或關節(例如脊骨、膝蓋或髖關節)沒有毛病，且不會因改變體能活動而惡化
 - 醫生現時沒有處方血壓或心臟藥物（例如water pills）給參加者服用
 - 沒有其他理由令參加者不應進行有關活動
2. 本會建議各參加者評估自己的體能，以便參加者擬定最佳的運動計劃，同時亦需定期量度血壓，並先徵詢醫生的意見才參加此活動。
3. 如參加者因傷風或發燒等暫時性疾病而感到不適，請在康復後才參加此活動。
4. 如參加者懷孕或可能懷孕，請先徵詢醫生的意見才參加此活動。
5. 開始參加此活動時應慢慢進行，量力而為，然後逐漸增加運動量，這是最安全和最容易的方法。
6. 如參加者有以上各項健康狀況的轉變，便應告知醫生或活動教練，評估應否繼續參加此活動。
7. 如參加者有任何可能影響其安全的疾病或其他身體狀況，必須以書面通知體育先鋒。
8. 如有需要，體育先鋒有權要求參加者提供有關的醫生證明文件，以作參考。
9. 如有疑問，請先徵詢醫生的意見才參加此活動。



體育先鋒預備隊選拔日2021

報名表格

參加者姓名：_____ (中文) _____ (英文) 性別：男 / 女

出生日期：_____年_____月_____日 年齡：_____ 身高(cm)：_____ 體重(kg)：_____

電郵：_____ 聯絡電話：_____

學校：_____ 年級：_____

體操簡述及經驗：_____

將出席選拔日期：

二零二一年十月二十三日(六)12:00-13:30

二零二一年十月二十五日(一)18:30-20:00

*請於內填寫選擇次序“1”或“2”，如當選擇一之時段已滿會自動安排選擇二之時段。

*本人同意以上資料將被保留用作本會競技體操活動宣傳及通訊事宜。

責任及健康聲明

謹證明敝子女_____是自願參加是項活動，並願意自行承擔所有責任。

敝子女亦謹遵守貴會之一切規則、決定，包括藥物檢查條例。

敝子女或敝子女之管理人謹此豁免體育先鋒有限公司對於本人或敝子女因參加是項活動而由任何原因，包括疏忽，所引致之疾病、死亡、個人損失之任何法律責任，以及放棄任何有關之權利、索償及追究行動。敝子女亦同時聲明本人或敝子女身體狀況良好及具備足夠之體能及技術完成是項活動。

敝子女願意授權大會及傳媒在無須本人或敝子女審查而可以使用敝子女的肖像、姓名、聲線及個人資料作為活動籌辦及推廣之用。

敝子女已細閱及明瞭[附件一]之體能及健康須知，並同時聲明本人/敝子女身體狀況良好及具備足夠之體能及技術完成是項活動。

家長/監護人簽署：_____ 家長/監護人姓名：_____

緊急聯絡電話：_____

日期：_____

15th September 2021

Sportscene Pre-Team Member Selection Day 2021

Aims:	Select potential gymnasts to be the member of Sportscene Pre-Team. Through the consistent training, the gymnasts can participate in various performances, local competitions and invitationals. This scheme aims to excavate the outstanding students as well as help the gymnastics development in Hong Kong field.
Schedule:	23 Oct 2021(Sat) 12:00-13:30 or 25 Oct 2021(Mon) 18:30-20:00
Venue:	4/F Gymnasium, Australian Internal School Hong Kong, 3A Norfolk Road, Kowloon Tong
Eligibility for registration:	Child aged at 7-12, is enthusiastic on artistic gymnastics and with at least 1-year gymnastics training experience
Costume:	Gymnastics Leotard
Capacity:	20person/session
Fee:	\$100
Application Method:	<p>(1) fill in the online form with the bank-in slip uploaded; or</p> <p>(2) fill in the following form with the check / bank-in slip and send us by email / fax / mail / in person.</p> <p>- check payable to :”Sportscene Limited” and please write the gymnast’s name and contact number at the back of the check.</p> <p>- Bank transfer to : HSBC account – 028-416253-838</p> <p>- Postage address: Sportscene Limited, 27/F Parkview Center, 7 Lau Li Street, Causeway Bay</p>
Deadline:	9 th Oct 2021
Assessing content:	1. Speed & power; 2. Muscles endurance; 3. Static moves; 4. Flexibility; 5. Technical moves
Enquiry:	<p>Tel:27574324 Fax:25496041</p> <p>Website: www.sportscene.com.hk Email: enquiry@sportsceneltd.com</p>
Remarks:	<ol style="list-style-type: none"> 1. An email will be sent on 16/10 to both successful enrolled or not. 2. Selected candidates will be emailed TWO weeks after the selection. 3. For those who cannot reply and settle the pre-team training fee will treat as renunciation. A reserve list will be drawn up to serve as replacement. 4. Pre-team member must have training 7.5-8hr per week at the above venue. Tuition fee: \$110/hr. (Schedule: Mon/Thu/Fri 18:30-21:00 / Sat 09:00-14:00) 5. Once the application is accepted, all fees are non-refundable under any circumstances. 6. No objection to the final selection. 7. A sports insurance is recommended as all sports have its risk.

May Kwong
Sportscene Director

Physical Activity Readiness

1. I certify that:

- My doctor has never said that I have a heart condition and that I should only do physical activity recommended by a doctor.
- I have never felt pain in my chest when I do physical activity.
- In the past Month, I did not have had chest pain when I was not doing physical activity.
- I have never lost my balance because of dizziness or I have never lost consciousness.
- I do not have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in my physical activity.
- My doctor is not currently prescribing drugs (for example, water pills) for my blood pressure or heart condition.
- I do not know of any other reasons why I should not do physical activity.

2. It is suggested that you should determine your basic fitness so that you can have the best planning when doing physical activity. It is also highly recommended that you have your blood pressure evaluated and consult your doctor before you join the event.

3. If you are not feeling well because of a temporary illness such as cold or fever, please join the event after you feel better.

4. If you are or may be pregnant, please talk to your doctor before you join this event.

5. You should start the activity slowly and build up gradually. This is the safest and easiest way to go.

6. If you have the above health changes, tell your doctor or the coach. Ask whether you should continue this event.

7. If you know of any other reasons such as safety, disease, or condition changes that may influence you to join the event, you should notice Sportscene in writing.

8. If necessary, Sportscene has the right to request your medical certificate for reference.

9. If you have any questions of this physical activity readiness, please consult your doctor before you join the event.



Sportscene Pre-Team Member Selection Day 2021

Application Form

Gymnast Name : _____ Gender: M / F

Date of birth : _____ YY _____ mm _____ dd Age: _____ Height(cm) : _____ Weight(kg) : _____

Email Address : _____ Contact Tel : _____

School : _____ Grade: _____

Training experiences : _____

will attend the selection on:

12:00-13:30 on 23rd Oct 2021(Sat)

18:30-20:00 on 25th Oct 2021(Mon)

*Please mark "1" & "2" in the box for the priority.

* I agree that the above information will be retained for the promotion and communication of our artistic gymnastics activities.

Declaration

I certify that my child _____ entering this selection at my risk and responsibility. I agreed to abide by the regulations, policies and anti-doping policy of Sportscene Limited. I for myself, my executors and administrators, do hereby waive and release, any and all rights, claims and causes of action I have or May have against Sportscene Limited and all sponsors, promoters, supporters and all other contributors from any and all liability arising from illness, injury death, loss and economic consequences I May suffer as a result of my entry in this event from any cause whatsoever, including negligence. I certify that the named child physically fits and sufficiently trained to compete for the selection. I grant permission and assign all rights, title and interest to the organizer to utilize my appearance, name voice biodata and likeness in connection with the race in any and all media throughout the world in perpetually and agree to waive any rights of inspection or approval associated. I have read and understood the declaration and Physical Activity Readiness (Appendix I).

Signature of Guidance: _____ Name of Guidance: _____

Emergency Contact Tel: _____

Date: _____