

**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  
Joint School 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 school cycling training course(s) under the Programme.**

Please place a tick in the appropriate boxes below.

Course Code	Date	Fee	Venue	Equipment
CY/JT/24-25/03 <input type="checkbox"/>	13 October 2024 (Sunday) Selection day	\$380	Test Venue: Hong Kong Jockey Club International BMX Park	Bike will be provided by CAHK
	20, 27 October 2024; 3, 10, 17, 24 November 2024 1, 8 December 2024 (Sunday)		Assembly Venue: Adventure Cycling Area in Siu Lek Yuen, Sha Tin  Training Venues: Cycling Tracks in Sha Tin and Ma On Shan	<input type="checkbox"/> Rent a bike from the CAHK  <input type="checkbox"/> Bring my own bike
CY/JT/24-25/04 <input type="checkbox"/>	12 January 2025 (Sunday) Selection day	\$380	Test Venue: Hong Kong Jockey Club International BMX Park	Bike will be provided by CAHK
	19, 26 January 2025; 2, 9, 16, 23 February 2025; 2, 9 March 2025 (Sunday)		Assembly Venue: Adventure Cycling Area in Siu Lek Yuen, Sha Tin  Training Venues: Cycling Tracks in Sha Tin and Ma On Shan	<input type="checkbox"/> Rent a bike from the CAHK  <input type="checkbox"/> Bring my own bike

## Declaration

Applicants aged 18 or above must sign the following declaration:

I, \_\_\_\_\_ (Name of Applicant), hereby declare that my health and physical ability are both good enough for me to take part in the programme and I am not suffering from any illness that renders me unfit for the above-mentioned 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 consent has been given to allow \_\_\_\_\_ (Name of Applicant) to take part in the programme. It is confirmed that his/her health and physical ability are both good enough for him/her to do so and he/she is not suffering from any illness that renders him/her unfit for the above-mentioned 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 their coach or 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 enrolment 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 School Cycling Training Programme”. **Late applications will not be accepted.**
4. The information provided by the applicant will only be used by the Organiser and the Leisure and Cultural Services Department (LCSD) for the purposes of enrolment in recreation and sports programmes, future contact, compilation of statistics and opinion survey. Only those authorised by the Organiser and the LCSD can have access to such personal data. For correction of or enquiries about the personal data you have submitted in application forms, please contact the staff of the Organiser on 2601 7608.

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### Recommendation from Teacher/Coach of the CAHK (may be submitted afterwards, but must before the start of the first session)

I hereby recommend \_\_\_\_\_ (Name of Applicant) as a participant of the Joint School Cycling Training Programme.

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

\* Signature of Teacher/Coach: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please delete as appropriate

