

VICTORIA RECREATION CLUB

(ESTABLISHED 1849)
(INCORPORATED 1964)

Chairman : Wu Kam Shing
Deputy Chairman : Christopher Yee
Hon. Treasurer : Vernon Moore
Hon. Secretary : Gordon Loch



Office Address : 210 Tai Mong Tsai Road,
Sai Kung, New Territories, Hong Kong
Mail : P.O.Box 177, Sai Kung Post Office
Telephone : 2178 2221 / 2178 2222
Facsimile : 2178 2498
E-Mail : info@victoriarecreationclub.com.hk

EMERALD BAY, SAI KUNG – NEW TERRITORIES
DEEPWATER BAY – HONG KONG ISLAND

COURSE APPLICATION FORM

PARTICIPANT DETAILS

Name: _____ (Given Name) _____ (Surname)

Age: _____ **Email:** _____

Membership No.: _____ **Contact No.:** _____

EMERGENCY CONTACT DETAILS

Name: _____ (Given Name) _____ (Surname)

Contact No.: _____

Email: _____

Relationship to Participant: _____

COURSE DETAILS

Course Name: _____

Course Date & Time: _____ (Date) _____ (Time)

Course Venue: _____

Remarks: _____

Affiliated to: Sports Federation & Olympic Committee of Hong Kong, China
Hong Kong Amateur Swimming Association Ltd.
Life Member: The Royal Life Saving Society, England

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PAYMENT METHOD

PLEASE NOTE: all course bookings must be paid for in full 48 hours prior to attending the course, through either of the below payment methods:

- ☐ **Crossed Cheque#** _____
(Please make payable to **Victoria Recreation Club**, and post to **Room 906, 9/F, Technology Plaza, 651 King's Road, Quarry Bay**)
- ☐ **Bank Transfer:** _____ (Date) _____ (Reference No.)
Bank's Name: The Hong Kong and Shanghai Banking Corporation Limited
Name of Account: Victoria Recreation Club
HKD Account No.: 002-252393-001
SWIFT Code: HSBCHKHHHKH
Please provide the proof of payment by e-mailing events@victoriarecreationclub.com.hk.

IMPORTANT NOTES

1. Eligibility

For any watersports course without expressly stating the requirement, if you are unable to swim, you must be confident and comfortable in the water whilst wearing a buoyancy aid. Buoyancy aids will be provided and must be worn all the times while afloat.

2. Course Booking

This Course Application Form should be returned to Victoria Recreation Club after being fully completed and signed by the participant. The Club will only be able to hold a place on a course once the form has been received and the course payment has been made.

3. Medication Information

If you have any medical conditions/allergies/disabilities, please specify _____.
It is your responsibility to make us known for any potential medical conditions that may affect your own personal safety during the activities associated with the course.

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4. Cancellation Policy

Victoria Recreation Club reserves the right to cancel a course, due to lack of applicants or staff, a minimum of 48 hours prior to the course start. In the event of course cancellation by the Club, those enrolled are entitled either to attend the same course running at a later date or a full refund.

During adverse weather conditions, participants will be advised on the day if the course is to be postponed.

Victoria Recreation Club reserves the right to cancel or reschedule courses.

All course bookings must be paid for in full 48 hours prior to attending the course. Participants that cancel or postpone less than 48 hours prior to the course date will be charged 50% of the course fee as a cancellation fee. The remainder of the 50% is refundable. Participants who do not turn up for a course without the notification will be charged the full course fee.

DECLARATION:

1. I hereby sign to state that the information given on this Course Application Form is, to the best of my knowledge, correct (False information given on this Course Application Form may result in the participant being asked to leave the course.).
2. Victoria Recreation Club will not be held responsible for any personal items or equipment lost whilst taking part in one of the activities. Participants are responsible for ensuring they look after all personal equipment and belongings during their time at the club.
3. I also acknowledge the risks inherent to courses and agree that Victoria Recreation Club will not be held responsible for personal injuries and loss or damage to personal items as a result of the course participation.
4. I understand that I am obliged to inform Victoria Recreation Club if any conditions as outlined above change from the time this form was submitted until the end of the course.
5. I agree/disagree (please delete as appropriate) that Victoria Recreation Club will have the right to use my footage/images/testimonials in its promotional material or any materials relating to the program for marketing purposes.

Signature of Participant: _____ Date: _____ (dd) _____ (mm) _____ (yyyy)

OFFICE USE ONLY

Received by: _____

Date: _____ (dd) _____ (mm) _____ (yyyy)

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