

Personal Information 個人資料

學員編號 member number (如已有) : _____

Full Name 姓名 : _____ (ENG) _____ (中文) Gender 性別 : _____

Date of Birth 出生日期 (日/月/年) : _____ Age 年齡 : _____

Postal Address 郵寄地址 : _____

District 地區 : 香港HK / 九龍KLN / 新界NT 肩膀 Shoulder _____ (cm)

Email Address 電郵地址 : _____ 身長 Body Length: _____ (cm)

Contact Number 聯絡電話 : (Cell phone 手提電話) _____ Guardian Mobile Phone Number
監護人聯絡電話 : _____

Guardian Name 監護人名稱 : _____

Please fill in the form and return it to 請填妥表格，並郵寄或親身遞交到：

neverland dance house, Flat 12A, 12/F, Yip Fat Factory Building Phase I, 77 Hoi Yuen Road, Kwun Tong, Kowloon, Hong Kong
觀塘開源道77號業發工業大廈一期12樓A

聲明: 本人健康及體能良好,自願參與是次舞蹈訓練計劃活動,並願意承擔財物損失和傷亡之責任,有關合辦機構及人仕均無需負上任何責任。本人清楚及明白本課程共24堂,每星期必須完成1堂自選(需根據本學院要求選擇)及1堂必修堂,未能在課程內完成課堂,均不設補課。

Declaration: I certify that I am physically fit and fully understand that I am joining the program at my own risk and shall be liable for any loss of property or injury to my person. The relevant presenting organization(s) is/are hereby indemnified at my own risk and responsibility. I understand that there are 24 classes in total, 1 selective (need to follow neverland instruction to take class) and 1 compulsory class) and I need to complete it in every week without any make up classes.

申請人簽署 : _____

Applicant's Signature

家長 / 監護人簽署 : _____

Signature of Parent / Guardian

日期 Date : _____

Name of Parent / Guardian

家長 / 監護人姓名 : _____

Name of Parent / Guardian

(如未滿十八歲者,需家長或監護人簽署。If applicant is under 18, this form must be signed by signed by Parent / Guardian.)

Tel: 3741 2740