

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