

課程報名表 Application Form

報讀課程名稱 : _____ 班號 : _____
Course Name : _____ Class : _____

個人資料 Student Profile

學生姓名
Name of Student _____
英文姓氏 Last name _____ 名字 First _____

中文姓名
Name in Chinese _____ 聯絡電話號碼
Mobile _____

性別 女性 Female 男性 Male 職業
Sex _____ Occ. _____

出生日期
Date of Birth _____
年 Year _____ 月 Month _____ 日 Date _____

電郵地址
Email _____

英文地址
Mailing Address _____

職員使用 For Office Use Only	
Member No.	MB - _____
Date	_____ / _____ / 2019
Invoice No.	INV - _____
Payment Method	Visa / Master / EPS / COD / 銀聯 / 6 分期 / 轉帳 / 支付寶 / 信用卡授權 / 其他
Course Fee	HK\$ _____
Manual	中文 / English <input type="checkbox"/> 未取 <input type="checkbox"/> 代取, 取件人簽署: _____
Touch	中文 / English
eLearning	中文 / English
Gift Pass	
Logbook	中文 / English / DA <input type="checkbox"/> 未取 <input type="checkbox"/> 代取, 取件人簽署: _____
Lunch Fee	<input type="checkbox"/> 已付 \$70@ <input type="checkbox"/> 未付
Coupon	<input type="checkbox"/> Promotion Coupon <input type="checkbox"/> \$200 coupon (No. _____)
Handle by	_____



申請人簽名 Applicant's Signature _____

日期 Date _____

18 歲以下青少年父母或監護人簽名
Signature of Parent or Guardian
(For children under 18 years old)

父母或監護人姓名
Parent or Guardian Name

與申請人關係
Relationship

聯絡電話號碼
Contact

為方便儀器借用，請回答下列問題:

For the diving equipment preparation, please answer the below:

體重 Body weight : _____ kg / lbs

身高 Height : _____ m / ft

鞋號 Shoe size : _____ UK / US

如何得知本課程資料?

How do you know this course?

朋友 Friend 報紙 Newspaper

雅虎 Yahoo 谷歌 Google

面書 Facebook 其他 Other



Like us! Enjoy 6% member discount on product purchase! Like 我們即享 6% 會員購物折扣!

請勿填寫，職員使用 For Office Use Only

	理論 Theory					平靜水域 Confined Water					出海 Open Water			
	1	2	3	4	5 & Exam	1	2	3	4	5	1	2	3	4
Sessions														
Date														
Time														
Instructor														
Remark														

補正本報名表 補潛水證 補簽署第: _____ 頁 補醫生紙

參加者須知 Awareness of Applicant

- 訓練班不會提供有近視或遠視度數的潛水鏡、個人梳洗用品、泳衣及泳褲予參加者，請參加者在泳池及出海時自行準備，學費不包括膳食。如當天出海人數不足 10 人本會將不會提供午餐，已收的款項亦會退回。
Diving Adventure (DA) will NOT provide any mask with correction lens, personnel belonging and swimming suits / pants to the applicants. Lunch fee is **EXCLUDED** in course fee. Moreover, if the total amount of people is less than 10 people on that day, lunch **WILL NOT** be provided & the lunch fee will be refund.
- 本會基本上只借出加細碼、細碼、中碼、大碼及加大碼的膠衣，恕未能提供一些特別尺碼的膠衣予參加者。如這五種尺碼均未能適合，參加者可考慮自行購買。DA will only provide normal size wetsuit (XS, S, M, L, XL) to the applicants.
- 如在訓練期間遺失或損毀借用之潛水裝備，本會將要求參加者照原價賠償。
Applicants will be liable for any lost or damage to the DA equipment caused by the applicants during the training.
- 參加者在出海訓練時需自行配備個人安全用具，包括潛水用的手套、潛水刀及電筒。
For safety, applicants are advised to prepare their own safety equipment such as gloves, knife and torches for open water training.
- 當天文台懸掛三號或以上之颱風信號、紅色或黑色暴雨警告時，當天水上實習之活動將會改期。如參加者不論任何情況無故缺席或自行因天氣情況、遲到而延誤課程或取消活動，本會將收取有關補堂的費用。(活動前超過 48 小時更改時間另收行政費用*\$300，48 小時之內更改時間或缺席者需繳交補堂費用：課室*\$300 起；泳池*\$600 起；出海訓練：*\$700 起，報讀持續進修基金課程學生無論任何情況下每次補堂需另收行政費用*\$300)
***每堂港幣**
Severe weather consideration, DA will cancel all outdoor in-water activities in case of tropical cyclone No. 3 or above and red or black rainstorm warning according to the event starting time, such as 6:00am weather report for open sea activities and 2 hours prior to the pool booking period; Participant(s) must adhere to the course schedule(s). Administration fee will be charged for any change on schedule. (Reschedule or cancel before 48 hrs of the event starting, admin fee *\$300. Reschedule less than 48 hrs, or no show surcharge: Classroom: *\$300 or above; Pool: *\$600 or above; Open Water Training: *\$700 or above; *\$300 additional surcharge for Continuing Education Fund Course) *HK Dollars per reschedule / session
- 各參加者在考慮參加課程前請先確認自己的身體狀況是否適合參加，有否患有一些不適宜潛水的疾病如哮喘、心臟病或耳膜受損等；如有疑問，請先徵詢醫生的意見或作身體檢查。如參加者刻意隱瞞而導致意外發生，本會概不負責，而本會一經得知，亦有權終止該生繼續參加，而學費恕不退回。Applicants should consider if their physical health is suitable for this activity; DA will NOT take any responsibility for any concealed medical history not approved from the application form, the instructor, and a certified physician. DA reserves the right to terminate the course immediately, and course fee will NOT be refunded in this case.
- 如教練或本會職員於任何時間觀察到參加者的健康狀況不宜學習，教練有權終止其學習以策安全。
Instructor or DA reserves the right to terminate the course for safety reason upon observation when students are not in good health.
- 課程學費恕不退回，學生亦不得更改班別或私自作出課堂的轉讓而學費亦不可轉作其他用途。
Enrollment fee is **NON-REFUNDABLE** and **NON-TRANSFERRABLE** once paid. Cancellation fee or postponement fee may be applicable upon changing of the course schedule.
- 參加者需在一年內完成所報讀之課程，如在一年內未能完成其課程，有關課程則當無效，所付學費亦不能退回。學生如需繼續完成課程將會重新收費。
Applicants should complete the enrolled course within ONE year. If the limit is exceeded, DA reserves the right to terminate the course without refunding.
- 參加者需在報名前肯定其本身已達到相關游泳技巧 (水中技巧要求: 1.水面徒手連續游泳 200 米或穿戴面鏡、呼吸管及蛙鞋連續游動 300 米-(不計時); 2.潛水學員在不藉助任何游泳輔助器材, 水中游泳/漂浮 10 分鐘), 如學生刻意隱瞞, 本會教練有權終止該生繼續參加而學費恕不退回。而學員在訓練其間任何身體損傷, 本會概不負責。
Applicants should ensure their ability to swim prior to the enrollment of the course. (Water skills Assessment: 1. 200 meter continuous surface swim or a 300 metre/yard swim with mask, fins and snorkel. (No time limited) 2. Completing a 10-minute swim/float without using any swim aids.) DA will NOT be responsible for any loss of property or physical damage due to concealed information concerning their swimming ability. Also, DA reserves the right to terminate the course without refunding if the applicant is found to have inadequate swimming capabilities.
- 本會不會代為保管參加者財物。請小心保管個人財物，課室、泳池或出海訓練時避免攜帶貴重飾物或大量現金。如有遺失，本會恕不負責。
Please take good care of all your belongings, DA takes NO responsibility for any property lost in the classroom, pool or on boat.
- 參加者請勿攜帶寵物參加活動。Pets are NOT allowed on board our diving boats or in pool.
- 如遇上特別情況，本會及教練保留更改原定課程之上課時間、地點、導師及船隻之權利。
DA reserves the right to change the course timetable, instructor and location in particular circumstances.
- 本會著重安全第一及嚴謹遵守潛水員守則，因此參加者必須聽從教練指示，未經許可不得擅自下水。如發現有任何違法、違規或行為操守有問題者，將被勒令即時退出，所繳費用亦一概不獲發還。
Safety is always our first priority. Therefore applicants must obey the Rules and Regulations of Divers, and follow the instructions from your instructor. Entering the water without permission is NOT allowed. Violations of rules will result in prohibition of diving, at the same time, DA reserves the right to withdraw the applicants from the course where refund is NOT possible.
- 參加者必須依時出席所有訓練，如未能出席所有課堂及完成課程，本會保留發證之權利。如需補堂，費用另議。
Applicants must participate in all scheduled training on time. DA reserves the right to withdraw the certificate due to incompleteness of the course.
- 本會所舉辦的潛水課程之所有章節乃根據國際標準而釐定，而每個課程亦有指定合格要求及評核基準以符合課程標準及保障參加者安全。學員只能在合格後才能獲發有關潛水資歷或證書。若學員未能在規定時間內跟上進度、未能掌握有關水中技巧或未能通過本會之水試或筆試，本會有權保留發證權利。學員可自行決定是否自費補堂以達到合格標準。
All diving courses conducted by DA instructors strictly follow the international standards and regulations, each course possesses different requirements and evaluation standards, if applicants could not reach the requirements, fails the water test or final exam, or fail to complete the course in provided time, DA reserves the right NOT to issue the related certificate. Applicants could decide to take extra tutorial sessions in order to complete the course. Certificates will only be issued to those who fulfilled all the requirements set by the course criteria to ensure the safety of the applicants.
- 本會保留刊登任何參加者於活動時之照片、影像之權利，以作任何本機構的活動宣傳之用。
DA reserves the right to distribute any activity photos or videos taken during the training sessions or during on boat activities for advertising purposes.
- 本會擁有任何權利決定接受或拒絕任何申請，而不須作任何解釋。DA reserves the right to accept or reject any application without giving any explanation(s)

本人 _____ 已經閱讀過背頁的參加者須知，並完全明白及了解「潛水歷險會參加者須知」的內容及願意遵守須知內的守則來進行安全潛水活動。

I _____ have acknowledge & agreed to the "Awareness of Applicant" stated above by reading it before I signed it on behalf of myself.

參加者簽署 Signature of Applicant

18 歲以下青少年父母或監護人簽名
Signature Of Parent or Guardian (For children under 18 years old)

日期 Date (Day/Month/Year)



PADI Freediver Medical History Form

Please read carefully before signing.

Participant's Name _____ Date _____ (Day/Month/Year)

Birth Date _____ (Day/Month/Year) Sex M F

Freediving is a demanding activity and can be strenuous and you need to be in good health to participate. If you have any questions as to whether or not you are fit to freedive, consult with your physician.

The purpose of the Medical Questionnaire is to find out if you should be examined by a physician before participating in freediving activities. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while freediving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a **YES** or **NO**. If you are not sure, answer YES. If any of these items apply to you, you must consult with a physician prior to participating in freediving.

____ Do you have a history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, vertigo or dizzy episodes, significant head injury or aneurysm of the brain's blood vessels?

____ Do you have a history of heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure (hypertension), heart murmur, known patent foramen ovale (PFO), acute pulmonary edema associated with swimming or diving, or unusual shortness of breath or chest pain during exertion?

____ Do you have a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe?

____ Do you have permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, recurring problems with ear pain during descent on aircraft, otitis media, middle ear infection, severe surfers ear or major ear surgery?

____ Do you have a history of tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection?

____ Do you have a history of asthma or asthma attacks? Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of an inhaler for control of wheezing?

____ Do you have a history of diabetes?

____ Are you presently pregnant or planning to be pregnant?

____ Do you have a history of a diving accident, decompression sickness, pressure injury (barotrauma) to the ear, or recurrent difficulty equalizing pressure in the ear during descent, or air embolus?

____ Do you take any medication on a regular basis either over-the-counter or prescribed by a physician (with the exception of birth control or anti-malarial)?

____ Do you have any physical and/or emotional condition not mentioned that causes you concern about being underwater or that might affect your judgment under times of physical or emotional stress?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Participant's signature _____

Date _____ (day/month/year)

Parent/guardian signature _____
(when applicable)

Date _____ (day/month/year)

FOR PHYSICIAN USE ONLY

Your opinion of the applicant's medical fitness for freediving is requested.

I find no medical conditions that I consider incompatible with freediving.

I am unable to recommend this individual for freediving.

Physician _____

Physician's signature _____

Date _____ (day/month/year)

Phone _____

Clinic/Hospital _____

STAMP



PADI Freediver Program Release of Liability/Assumption of Risk/ Non-agency Acknowledgement Form

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including _____ and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence _____ and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

I, _____ hereby affirm that I am aware that freediving has inherent risks which may result in serious injury or death.

I understand and agree that neither my guide(s)/instructor(s), nor the facility through which this program is offered, _____, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this program, I hereby personally assume all risks of this program whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

I understand that freediving is a physically strenuous activity and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENT AGREE TO EXEMPT and RELEASE MY GUIDE(S)/INSTRUCTOR(S), THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, _____, AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant's signature _____ Date _____ (day/month/year)

Parent/guardian signature _____ Date _____ (day/month/year)
(when applicable)