



The Chinese University of Hong Kong

Water Sports Centre

Booking Form

Each form should be used for hiring of one craft only. Photocopy of this form is acceptable. Please put a "✓" in the appropriate box below.

Note : Please read the notes overleaf carefully before completing this form.

Office : 2603 6776

Fax. no. : 2603 6042

Personal Data :

- The information and identity document numbers provided will only be used for enrolment, compilation of statistics, future correspondence and promotion of activities organized by the CUHKWSC and verification of identity when arranging refund in case of cancellation of activity. Apart from the staff duly authorized by CUHKWSC, no one will be given access to your personal information.
- If you want to access or correct your data, you may contact the supervisor of CUHKWSC.
- The provision of your personal data in this form is obligatory. If you do not provide the personal information required, CUHKWSC may not be able to process your application.

(1) Particulars of applicant / craft users

Eligible user information	First eligible user/ guest information	Second eligible user/ guest information
Applicant <input type="checkbox"/> Qualification of hiring checked by the centre Name : _____ CU link / Identity document no.: _____	First craft user <input type="checkbox"/> Qualification of hiring checked by the centre (must be aged 8 or above) Name : _____ CU link / Identity document no.: _____	Second craft user <input type="checkbox"/> Qualification of hiring checked by the centre (must be aged 8 or above) Name : _____ CU link / Identity document no.: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F #Occupation code: _____ Contact telephone no.: _____ (Day) _____ (Night / Mobile Phone)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F #Occupation code: _____ Contact telephone no.: _____ (Day) _____ (Night / Mobile Phone)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F #Occupation code: _____ Contact telephone no.: _____ (Day) _____ (Night / Mobile Phone)
In case of emergency during the activity, please call _____ at _____	In case of emergency during the activity, please call _____ at _____	In case of emergency during the activity, please call _____ at _____
# Occupation code : CU Student -- 1 CU Staff -- 2 CU Alumni-- 3 Guest -- 4		

(2) Details of hire and charges:

	No. of users and usage fee :	No. of users	Centre Usage Fee	Total
Date of using : _____	CUHK(Student/Staff/Staff family member/Alumni) :	_____	x _____	= \$ _____
	CUHK(Student/Staff/Staff family member/Alumni) :	_____	x _____	= \$ _____
	CUHK(Student/Staff/Staff family member/Alumni) :	_____	x _____	= \$ _____
	Guest :	_____	x _____	= \$ _____

Amount payable : Centre Usage Fee \$ _____

2.1 **Type of craft and time of hiring** : (please refer to the conditions of hiring on overleaf and tick the appropriate box 「 ✓ 」)

2.2 **Hire fees** : (Please refer to the hire fees on overleaf)

<u>Type of Craft</u>	<u>Hrs / Sessions</u>	<u>Rate</u>	<u>Hire fee</u>
<input type="checkbox"/> Pico <input type="checkbox"/> Otter <input type="checkbox"/> Kayak <input type="checkbox"/> Windsurfing <input type="checkbox"/> Other(Please specify) _____	_____	X \$ _____	= \$ _____
Amount payable : Centre Usage Fee \$ _____ + Hire fee \$ _____ = Total \$ _____			

(3) Disclaimer :

We / I, the undersigned, declare that I a, Proficient in Swimming (being able to swim at least 50meters with clothes), have attained the required water sports proficiency as specified in the Safety Guidelines. We / I confirm that we / I am in good physical condition and do not suffer and illness, impairment or ailment that would prevent or make it medically unwise for me to engage in physical activities. All information supplied by me / us in the Physical Activity Readiness Questionnaires (PAR-Q) is true and correct to the best of my knowledge and belief.

We are / I am fully aware that to take part in this activity, we / I will engage in water sports training and physical activity at the natural venue. Before signing this disclaimer, we / I have read the Safety Guidelines of your Centre and fully understood the risk and danger involved in this activity.

By signing and submitting this registration, I agree to take part entirely at my own risk and that I will not hold the Chinese University of Hong Kong or this Centre, its staff/instructors or any other employee or agent or supporting organization liable in respect of :-

- any loss or damage to any property howsoever caused (whether by any act, omission, default or negligence of the Chinese University of Hong Kong or this Centre, its staff/instructors or any other employee or agent or supporting organization); and
- any injury or death save and except any injury or death caused by the negligence of the Chinese University of Hong Kong or this Centre, its staff/instructors or any other employee or agent or supporting organization.

Participants below 18

(where appropriate) I further declare that if we are / I am aged below 18, I have obtained consent form my parent or guardian or the authorized person of my parent or guardian to take part in the activity.

(where appropriate) I _____ the abovementioned parent / guardian / authorized person, declare that the above declaration made by the applicant is true and correct to the best of my knowledge and belief and I undertake to pay attention to the physical condition of the applicant on the day of the activity to ensure that he or she is fit for the activity.

Signature of applicant/Date:	Signature of applicant/Date:	Signature of applicant/Date:
Signature of Parent/Guardian or authorized person/Date	Signature of Parent/Guardian or authorized person/Date	Signature of Parent/Guardian or authorized person/Date



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Appendix 9b –
Booking Form (Eng.) and
PARQ.doc

Physical Activity Readiness Questionnaire (PAR-Q)

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PAR-Q is designed to help you help yourself. Many health benefits are associated with regular exercise, and the completion of PAR-Q is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advise concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you. If yes, please explain.

Applicant = A

Applicant = A						
<u>YES</u>			<u>NO</u>			
A1	A2	A3	A1	A2	A3	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said you have heart trouble? Yes,(A1_____)(A2_____)(A3_____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Do you frequently have pains in your heart and chest? Yes,(A1_____)(A2_____)(A3_____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Do you often feel faint or have spells of severe dizziness? Yes,(A1_____)(A2_____)(A3_____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Has a doctor ever said your blood pressure was too high? Yes,(A1_____)(A2_____)(A3_____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Has your doctor ever told you that you have a bone or joint problem(s), such as arthritis that has been aggravated by exercise, or might be made worse with exercise? Yes,(A1_____)(A2_____)(A3_____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Is there a good physical reason, not mentioned here, why you should not follow an activity program even if you wanted to? Yes,(A1_____)(A2_____)(A3_____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Are you over age 60 and not accustomed to vigorous exercise? Yes,(A1_____)(A2_____)(A3_____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Do you suffer from any problems of the lower back, i.e., chronic pain, or numbness? Yes,(A1_____)(A2_____)(A3_____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Are you currently taking any medications? If YES, please specify. Yes,(A1_____)(A2_____)(A3_____)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you currently have a disability or a communicable disease? If YES, Please specify, Yes,(A1_____)(A2_____)(A3_____)

If you answered NO to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered NO to the above questions, is no guarantee that you will have a normal response to exercise. If you answered Yes to any of the above questions, then you will need written permission from a physician before participating in the Training for MORE running/walking program.

Signature of applicant 1 /Date:	Signature of applicant 2 /Date:	Signature of applicant 3 /Date:
Signature of Parent/Guardian or authorized person/Date	Signature of Parent/Guardian or authorized person/Date	Signature of Parent/Guardian or authorized person/Date