

# 課程報名表

## Application Form

活動日期 : \_\_\_\_\_

個人資料 Student Profile

英文姓名  
Name in English \_\_\_\_\_  
英文名字 First name                      英文姓氏 Last name

中文姓名  
Name in Chinese \_\_\_\_\_  
聯絡電話號碼                      Mobile Phone

性別  女性 Female  男性 Male                      職業  
Gender                      Occ. \_\_\_\_\_

出生日期  
Date of Birth \_\_\_\_\_  
年 Year                      月 Month                      日 Date

電郵地址  
Email Address \_\_\_\_\_

職員使用 For Office Use Only	
Member No.	MB
Date	/ / 2026
Invoice No.	
Payment Method	Visa / Master / EPS / COD / 銀聯 / 轉帳 / 支付寶 / FPS / AE / Payme
Course Fee	HK\$
Lunch	<input type="checkbox"/> DA 船上午餐 <input type="checkbox"/> 自備 <input type="checkbox"/> 外賣午餐
Handle by	
Remark	

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's or Guardian's Name

與申請人關係  
Relationship

聯絡電話號碼  
Contact Number

緊急聯絡人資料 Emergency Contact Information	姓名 Name	關係 Relationship	電話 Mobile Phone

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

### 參加者須知 Awareness of Applicant

1. 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、午餐、泳衣及泳褲予參加者，請參加者在泳池及出海時自行準備。  
Diving Adventure (DA) will NOT provide any mask with correction lens, personal cleaning supplies, lunch and swimming suits / pants to the applicants.
2. 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 wetsuits (XS, S, M, L, XL) to the applicants.
3. 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.
4. 當天文台懸掛三號或以上之颱風信號或黑色暴雨警告時，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之費用。**(活動前超過 48 小時更改時間另收行政費用\*\$100，48 小時之內更改時間或缺席者當日已繳交活動的費用將不會退還，需重新繳交)** \*每堂港幣  
Upon severe weather conditions such as Typhoon signal 3 or black rain being hoisted 2 hrs. before the water activities, DA will cancel the event. Participant(s) must adhere to the course schedule(s). Administration and Reschedule fees will be charged if the participants fails to adhere to the schedule. **(Reschedule or cancel before 48 hrs. of the event starting, admin fee \*\$100; No refund or reschedule within 48 hrs., or no-show)**
5. 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 in the application form. DA reserves the right to terminate the applicant's candidacy, and the course fee will NOT be refunded in this case.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.
11. 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 the rules will result in the prohibition to dive, and at the same time, DA reserves the right to withdraw the applicants from the course where refund is NOT possible.
12. 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 will not issue the certificate in case of incompleteness of the course.
13. 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.
14. 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)



# Bubblemaker Statement

Participant Record (confidential information)

PLEASE PRINT CLEARLY.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ email \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_  Home  Work  Cell

Secondary Phone (\_\_\_\_) \_\_\_\_\_  Home  Work  Cell

How did you hear about us? \_\_\_\_\_

## MEDICAL QUESTIONNAIRE

**To the participant and parent:** Please answer YES or NO to any of the following items to accurately reflect the participant's past medical history or present medical condition. A YES answer to any of these items requires that a participant obtain written medical approval **before** being allowed to participate in scuba diving activities. If this applies, please ask for a Medical Statement (#10063) to take to the physician.

Yes  No I am currently suffering from a cold or congestion.

Yes  No I have a history of respiratory problems or disease.

Yes  No I have had asthma, emphysema or tuberculosis.

Yes  No I currently have an ear infection.

Yes  No I have recurrent ear problems, ear disease or surgery.

Yes  No I have a history of sinus problems.

Yes  No I have had problems equalizing (popping) my ears with airplane or mountain travel.

Yes  No I am diabetic.

Yes  No I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack).

Yes  No I have a history of seizures, dizziness or fainting.

Yes  No I have a nervous system disorder.

Yes  No I have behavioral health, mental or psychological disorders (panic attack, fear of closed or open spaces).

Yes  No I have recurrent back problems, history of back or spinal surgery.

Yes  No I am currently taking prescription medication that carries a warning about impairment of physical and mental abilities (with the exception of anti-malarial).

Yes  No I have recently had an operation or illness.

Yes  No I am under the care of a physician or have a chronic illness.

— over —

# BUBBLEMAKER ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT

Please read carefully and fill in all blanks before signing.

I, \_\_\_\_\_, parent/guardian and \_\_\_\_\_, participant, hereby affirm that we are aware of and understand there are inherent hazards associated with scuba diving which may result in serious injury or death.

We understand there are certain risks associated with aquatic activities conducted in and around a swimming pool or confined water dive site, and we expressly assume the risk of said injuries.

We understand that diving with compressed air involves certain inherent risks and my child will be exposed to these risks. Decompression sickness, embolism or other hyperbaric injuries can occur which require treatment in a recompression chamber. We further understand that this activity may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. We still choose to proceed with this activity in spite of the absence of a recompression chamber in proximity to the activity site.

We understand and agree that neither the dive professionals conducting this activity, nor the facility through which this activity is conducted, \_\_\_\_\_, nor International PADI, Inc., nor any of their respective employees, officers, agents 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 my child, me, my family, our heirs or assigns that may occur as a result of my child's participation in this activity or as a result of the negligence of any party, including the Released Parties, whether passive or active.

We further understand that scuba diving is a physically strenuous activity and that my child will be exerting him/herself during this activity and that if my child is injured as a result of heart attack, panic, hyperventilation, etc., that we expressly assume the risk of said injuries to my child. We affirm that we will not hold the above listed individuals or companies responsible for the same.

In consideration of my child being allowed to participate in this activity we hereby personally assume all risks in connection with the activity for any harm, injury or damage that may befall my child while participating in the activity, including all risks connected therewith, whether foreseen or unforeseen.

We further release and hold harmless said activity and the Released Parties from any claim or lawsuit by my child, me, or my family, or our estate, heirs or assigns, arising out of my child's participation in this activity.

We understand and agree this Release is divisible, and any portion herein held to be in violation of any applicable statutes or regulations or any governmental agency having jurisdiction shall affect only that portion held to be invalid or inoperative, and the remaining portions of this Release shall remain in full force and effect.

I further state that I am of lawful age and legally competent to sign this Assumption of Risk and Liability Release Agreement, and as the parent am providing written consent for the participation of my child.

We understand that the terms herein are contractual and not a mere recital and that we have signed this Release of our own free act.

I, \_\_\_\_\_, PARENT/GUARDIAN AND \_\_\_\_\_,

PARTICIPANT, BY THIS INSTRUMENT DO EXEMPT AND RELEASE THE DIVE PROFESSIONALS CONDUCTING THIS ACTIVITY, THE FACILITY THROUGH WHICH THIS ACTIVITY IS CONDUCTED, AND INTERNATIONAL PADI, 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.

WE HAVE FULLY INFORMED OURSELVES OF THE CONTENTS OF THIS ASSUMPTION OF RISK AND LIABILITY RELEASE AGREEMENT BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF, MY CHILD, AND OUR HEIRS.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date (day/month/year)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date (day/month/year)