

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 _____

個人資料收集聲明

Personal Data Collection Statement

此報名表格內所提供的個人資料將供潛水歷險會處理是次活動報名、聯絡，以及日後其他活動作通訊及宣傳用途。
根據《個人資料（私隱）條例》第 18、第 22 及附表 1 內第 6 原則的規定，你有權要求查閱及更正所提供的個人資料。有關查詢申請表內所收集的個人資料，包括查閱或改正，請致電 2572 2138 聯絡我們。

The personal data provided in this form will be used by Diving Adventure for processing applications, communication, and promotional purposes for future events.

Applicants have the right to request access to and correct the personal data as stated in this form in accordance with Sections 18 and 22 and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance. For enquiries concerning the personal data collected by means of this form, including the making of access and corrections, please contact us at 2572 2138.

如不同意主辦單位將本表格內所提供的個人資料用作日後其他活動作通訊及宣傳用途，請 此處。
If you do not consent DA using the personal data provided in this form for the purposes of communication and promotion of future events, please here.

| | | | |
|--|---------|-----------------|-----------------|
| 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 | 身高 Height | 鞋號 Shoe size | |
| kg / lbs | m / ft | UK / US | |

申請人簽名 Applicant's Signatur

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

| 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 | |

參加者須知 Awareness of Applicant

1. 活動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/浮潛裝備，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的費用。**(活動前超過 48 小時更改時間另收行政費用每堂每位港幣\$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)**
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 per pax per class; 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)