

Inter-Institutional Shooting Competition 2018/19
Application Form
(Deadline: 21 January 2019)

To : Principal, STI
 Fax: 3921 9033

From: _____ (Section/Institution)

Male

Female

The following representatives on behalf of this Institution/Section wishes to take part in the captioned event. Enclosed a cheque payable to "Correctional Services Department Sports Association" of HK\$ _____ (appropriate amount) for the purchase of ammunition on the Shooting Practical Day to be held at the Staff Training Institute on scheduled as below.

(Please put a "✓" as appropriate)

Particulars of firers		Category		Practical Day 16 February 2019	
Name (Please Print)	Rank & No.	Team	Individual	Will join the Practical	Ammunition Cost* : \$904 per Team, \$226 per Individual
(1)					
(2)					
(3)					
(4)					
				Total:	

*Cost per Reshooting is \$59

Remarks: Application Form, Disclaimer and Cheque with appropriate amount as listed in Annex IV should be reached PO(D&W), HO Kam-lung on or before the deadline.

Signature : _____

Name : _____

Rank / Staff No. : _____

Email Address : _____

Contact Telephone No. ; _____

Date : _____

Correctional Services Department
2018/19 Inter-institutional Shooting Competition / Practical Day

Disclaimer

Part I – Declaration

I, the undersigned, declare that I am physically fit to participate in the above-mentioned activity for training and competition purposes. I understand that I am taking part in the said sports activity on a voluntary basis and am not treated as on duty. My participation in the said activity is at my own risk and I shall bear any consequence that may arise in the course of the said sports activity. I am fully aware that the Hong Kong SAR Government (HKSAR), the Hong Kong Correctional Services Department (HKCSD), or the Correctional Services Department Sports Association (CSDSA) will accept no responsibility or liability for any hurt, injury, or death caused to me during the course of the said sports activity. I hereby release and discharge the HKSAR and/or the Commissioner of Correctional Services of Hong Kong and/or the Chairman of CSDSA and/or his staff from any claims that I may have for any hurt, injury, or death so caused to me.

Name of Participant (in Block Letters and Chinese Characters, if any) : * Mr./Miss/Mrs. _____
 ()

Rank and Service No. : _____

Institution : _____

Contact Telephone No. : _____

Signature : _____

Date : _____

Part II - Persons to be Notified in Case of Emergency at the Time of the Sports Event

Name (in Block Letters and Chinese Characters, if any) : *Mr./Miss/Mrs. _____
 ()

Contact Tel. No. : _____

Address : _____

: _____

* Delete as appropriate