

Elite Development Assessment Form



Email to healthy.chan@tennishk.org
or Fax to 2338 7749

Assessment Form

Part I. Player's General Information

Name	_____ (Eng)	Name	_____ (Chinese)
Date of Birth	_____ (DD/MM/YYYY)	Gender	_____ M / F
Tel (Mobile)	_____ (Mother/Guardian)	Tel (Mobile)	_____ (Father/Guardian)
Email 1	_____	Email 2	_____
Current Training Programme	_____	Local Ranking (if any)	_____

Part II. Preferred Training Venue (Please circle appropriated one)

- Hong Kong Side (Hong Kong Tennis Centre / Bowen Road / Sai Wan Ho / Quarry Bay)
- Kowloon Side (Shek Kip Mei Park / Shek Ku Lung Road Playground / Kowloon Tsai Park)
- New Territories (Tsuen Wan / Tuen Mun / Yuen Long)

*To be confirmed

Consent & Declaration

I acknowledge that I am the natural and lawful parent of the above Player and I understand and agree that the Player will take part in the Hong Kong Tennis Association ("HKTA") selection day as indicated in this enrolment form at his/her own risk and hereby exonerate and indemnify the HKTA and its staff from and against any proceedings, claims and demands whatsoever arising from any injuries or sickness howsoever sustained or contracted by the Player during his/her participation in the selection day.

I acknowledge and understand that:- (1) the information provided by me will be used for the purposes of enrolling and promoting the activities organized by the Association, co-organizing parties, and/or other authorized parties or partnering companies in connection with the delivery of the said activities; (2) the information may be disclosed to the subsidiaries, agents, contractors, sub-contractors and/or affiliates of the persons mentioned paragraph (1) and/or other relevant parties for the purposes mentioned in paragraph (1); (3) I have the right of access and correction with respect to my personal data in accordance with the provisions of the Personal Data (Privacy) Ordinance (Cap.486) and; (4) I may contact the staff of the Association for accessing or correcting my personal data and the Association is entitled to impose a fee on me for complying with a data access request.

Signature of Parent/Guardian: _____

For Office Use only:

Assessment Date _____ Time _____

Coach in charge _____ Group (Venue) _____