Submission of this form confirms the acceptance of the following conditions:

- 1. Application is subject to confirmation via return call or email.
- 2. Fees will be charged according to the session(s) once an application is confirmed.
- Sick Leave

Please notify the concerned outlets and present a valid medical certificate within the next 48 hours to be eligible for lesson fee waiver at a maximum of once a month.

- 4. Weather Conditions
 - Lessons as per normal during Rain / Amber Rainstorm Warning Signal/ Red Rainstorm Warning Signal/ Typhoon Signal No. 3, except Tennis.
 - Lessons are cancelled and will not be charged during Black Rainstorm Warning Signal/ Typhoon Signal No. 8 or above.
 Lessons will resume as normal 2 hours after the signal is lowered. Lessons will continue if the black rainstorm warning signal is issued after the lessons have started.

Cancellation

	Regular group classes	 Children's Classes: One calendar month advance written notice to concerned outlets is required, or payment in lieu. Adult's Classes: 14 days advance written notice to concerned outlets is required, or payment in lieu. Accepted written notice will be confirmed via return call or email. 			
	Private lessons	 24 hours advance notice is required for any cancellation or time change to concerned outlets. Maximum one cancellation per month only. 			
Ī	Application for Lesson Withdrawal / Cancellation' form is available at 5/F Health Club, 9/F Ice Rink and Roof Top Tennis Court.				

- 6. No refund or make up lesson for classes missed.
- 7. No lesson will be held on public holidays, except personal training lessons.
- 8. Priority will be given to Members.
- The Club reserves the right to make alterations to the classes, policies and the terms and conditions without prior notice. The Club also reserves the right to cancel a class if there is insufficient number of enrolment. Participants are advised to check the updated policies in the 5/F Health Club reception.
- 10. Applicants must abide by the Club Rules and Bye-Laws. The Club cannot be held responsible for any injuries or misadventures during classes.

遞交此申請表代表申請人確認接受以下各項條款:

- 1. 所有申請必須經本會以電話或電郵確認。
- 2. 收費:申請一經接納,本會將依據申請人申請的課堂節數收取費用。
- 3. 病作

所有 若因患病而未能出席課堂者,請預先通知有關部門,並隨後在四十八小時內遞交有效醫生證明,否則本會將如常收取該課堂費用,而是項安排 課堂 只限每月一堂。本會將透過電話或電郵確認已收妥醫生證明。

- 4. 天氣情況:請留意下列各情況下之課堂安排,而所有由會所取消之課堂將不會收取費用。
 - ✔ 課堂照常當下雨/黃色暴雨警告/紅色暴雨警告/三號風球生效時。
 - ullet x 課堂取消當黑色暴雨警告或八號或以上風球生效時。警告除下兩小時後課堂將回復正常。當黑色暴雨警告於課堂開始後懸掛,
 - 該課堂將會繼續上課。

5. 取消課堂

	定期 團體班	 · 兄童班:需於終止或取消課堂前一個月以書面通知本會。否則本會將收取相應之課堂費用以代替通知期。 • 成人班:需於終止或取消課堂前十四天以書面通知本會。否則本會將收取相應之課堂費用以代替通知期。 • 本會將透過電話或電郵確認已收妥書面通知證明。
*	寺別團體 課程	- 課程一經確認將不接受取消。
F.	所有私人 課堂	取消課堂或更改課堂時間需於二十四小時或以前通知本會,否則將繼續收取課堂費用。會員每月只可遞交一次終止、取消或更改課堂時間書面通知。
	「退出/」	取消課程申請表」可於五樓健康中心、九樓溜冰場及天台網球場索取。

- 6. 缺席者將不獲退回費用或安排補堂。
- 7. 公眾假期將不會舉行任何課堂〔健身訓練課堂除外〕。
- 0 会品收避由挂原升描。
- 9. 本會有權對任何課堂之安排及康體活動規則作出更改。本會亦有權在申請人數不足之情況下取消課堂。參加者可於五樓健康中心查詢最新之活動 規則。
- 10. 申請人必須遵守本會所制定之會章及附則。課堂間如有任何損傷或發生任何意外事故,本會概不負責。

8 SHUM WAN ROAD, ABERDEEN, HONG KONG.

ABERDEEN MARINA CLUB



PAINTING

Unleash your child's creativity in an inspiring and nurturing atmosphere!

Children will have fun drawing, painting and letting their imagination run free!

In small classes, kids will be guided through themed projects and taught the fundamentals of drawing, color mixing, painting techniques and even some interesting bits of art history. Our lessons are developmentally- appropriate and designed to give kids a central idea to start from and the room to take this idea as far as their inspiration, little fingers and loads of paint will take them.

Company Portfolio:

Pitter Painter classes are exemplified by a cozy atmosphere where budding artists get the individual attention they need. Projects are creatively-themed and developmentally- appropriate. Lessons in art fundamentals are hands-on and disguised as something playful. All in a nurturing space where kids have fun and personal creativity is applauded. Fueled by tireless teaching energy and contagious creativity, Pitter Painter classes are now spreading color in various locations in Hong Kong.

Participation Agreement
I, the undersigned, hereby represent and certify that I am the parent or legal guardian of, who is now years of age and who is in good health and has no special problems associated with his/her care. I execute this Release for my child, myself and my heirs, successors, representatives and assigns. I give my permission for my child to participate in the Activity. I certify that I have read this Release and fully understand that I am not relying on any statements or representations of any party released hereby. I understand that all of the terms and conditions contained therein also apply to my child's participation in this Activity. I further understand that I must be present during the entire time of my child's participation in the Activity.
Signature of Parent or Legal Guardian of Participant:
Date:

Day	Age	Time	Venue	Session Fee
Madaaaday	☐ 3 – 5 years old (Kindy)	3.45 – 4.45pm		
Wednesday	☐ 5 – 11 years old (Primary)	5 – 6pm		
	☐ 3 – 5 years old (Kindy)	3.45 – 4.45pm		
Friday	☐ 4 – 9 years old (Drawing and Beyond)	5 – 6pm	3/F Activities	Member \$395 / Guest \$480
	☐ 18 – 36 months old (Toddler)	9 – 9.45pm	Studio	(for all age group)
	□ 3 – 5 years old (Kindy)	10 – 11am		
Saturday	□ 5 – 11 years old (Primary)	11.15am – 12.15pm		
	4 – 9 years old (Drawing and Beyond)	12.30 – 1.30pm		

(Please √where appropriate)

Remarks: - All materials are included in the class fee.

- The Club reserves the right to cancel a class if there is insufficient number of enrollment.
- All rate are subject to change without notice

ACTIVITIES APPLICATION FORM

One application form per participant

Please complete this application form in BLOCK LETTERS and return to Central Reservations Centre at least 7 days before the lesson starts. Application is subject to confirmation via return call, email or fax.

Participant's Name	:	First Name		Middle Name		Last Name	[Member / Gues
Date of Birth (For child lesson only)	:	Date	Month	Year	Age:	Gend	er: M / F
Parent's / Guardian's Name	:	Mr / Ms / Mrs					
				First Name		Middle Name	Last Name
Contact Tel.	:				[H]		[0
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Nobile No.	:				Fa	x :	
Email Address	:						
Preferred Date of 1st Lesson							
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	:	First Name	Midd	lle Name	Last Name		
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