

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.
3. 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.
5. Cancellation

Regular group classes	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 24 hours advance notice is required for any cancellation or time change to concerned outlets.• Maximum one cancellation per month only.
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.
9. 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. 病假

所有課堂	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。
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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**當大雨/ 黃色暴雨警告/ 紅色暴雨警告/ 三號風球生效時。
- **✗ 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	<ul style="list-style-type: none">• 兒童班: 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。
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特別團體課程	<ul style="list-style-type: none">• 課程一經確認將不接受取消。
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所有私人課堂	<ul style="list-style-type: none">• 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。
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「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）。
8. 會員將獲申請優先權。
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.

TEL: (852) 2555 8321 EMAIL: reservations@aberdeenmarinaclub.com WEBSITE: <http://www.aberdeenmarinaclub.com>

THE
ABERDEEN MARINA CLUB



SNOW & ICE

SKIING

ENQUIRIES: 2814 5374

SKIING PRIVATE PROGRAMME

Skiing can be a means of transport, a recreational activity or a competitive winter sport in which the participant uses skis to glide on snow. Many types of competitive skiing events are recognized by the International Olympic Committee (IOC), and the International Ski Federation (FIS).

With skiing, a beginner's technique can be broken down into a modular approach but its perfection will require you to become extremely technical. (Aged: 4 years old or above)

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: _____

Private Lesson

Private / Semi-private	Duration / Session	Fee Per Person (Inclusive of venue fee)	
		Member	Guest
<input type="checkbox"/> Private	30 minutes	\$435	\$535
<input type="checkbox"/> Private	45 minutes	\$650	\$750
<input type="checkbox"/> Private	1 hour	\$845	\$945
<input type="checkbox"/> Semi-Private (2 persons)*	1 hour	\$520	\$610
<input type="checkbox"/> Private Group (3 persons)*	1 hour	\$410	\$500
<input type="checkbox"/> Private Group (4 persons)*	1 hour	\$330	\$420

(Please ✓ where appropriate)

*Remarks

- Semi-Private 2 (two people) 1 adult and 1 child or 2 adults or 2 children
- Semi-Private 3 (three people) 1 adult and 2 children or 2 adults and 1 child or 3 adults
- Semi-Private 4 (four people) 2 adults and 2 children or 3 adults and 1 child or 4 adults

Venue : 8/F AMSKI

ACTIVITIES APPLICATION FORM

One application form per participant

Please complete this application form in BLOCK LETTERS and return to 9/F Ice Rink reception at least 7 days before the lesson starts. Application is subject to confirmation via return call, email or fax.

Participant's Information

Participant's Name : _____ [member / guest]
First Name Middle Name Last Name

Date of Birth (For child lesson only) : _____ Age: _____ Gender: M / F
Date Month Year

Parent's / Guardian's Name : Mr / Ms / Mrs _____
First Name Middle Name Last Name

Contact Tel. : _____ [H] _____ [O]

Mobile No. : _____ Fax : _____

Email Address : _____

Preferred Date of 1st Lesson : _____

Member's Information

Member's Name : _____ M'ship No. : _____
First Name Middle Name Last Name

By signing on this application form, I hereby confirm my consent to the Club for using of the images taken during the event which may include the participant for the Club's display and promotional purposes, including on all printed materials, online and digital media.

I do not consent to any of my images being used in any printed or digital material.

Submission of this application confirms the acceptance of all the conditions stated at the back of this form:

FOR OFFICE USE ONLY :	
Received by	: _____
Received date	: _____
Date of 1 st lesson	: _____
Confirmed by	: _____
Confirmed date	: _____

Member's Signature : _____
 Date : _____

Enquiry : Tel.: 2814 5374 Fax: 3020 7478 Email: icerink@aberdeenmarinaclub.com