



Riding for the Disabled Association Ltd

香港傷健策騎協會有限公司

Tuen Mun Public Riding School, Lot 45 Lung Mun Road, Tuen Mun, New Territories
 Pokfulam Public Riding School, 75 Pokfulam Reservoir Road, Pokfulam, Hong Kong
 Website: www.rda.org.hk

Tel: 2454 9961 Fax: 2465 5914
 Tel: 2875 7711 Fax: 2875 7933
 Charity Reg. No. 91/1615

Application Form for Independent Ride 獨立騎生申請表

Name of Rider (English)		騎生姓名 (中文)	
Date of Birth 出生日期: / / dd/mm/yy		Gender 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
Age 年齡: years old 歲 (Minimum age: 6 years old 年齡最低限制: 6 歲)		Weight 體重: kg 公斤 (Maximum weight: 48 kg 體重最高限制: 48 公斤)	
Height 身高: cm 厘米		Head Size: cm 厘米 (Minimum head circumference: 49cm)	
Contact Person 聯絡人	Relationship 關係		
Mobile 手提電話	Home Tel 住宅電話		
Email 電郵			
Address 地址			
School Attending 就讀學校			
To help us to identify your needs, please indicate the disability of the rider. 為方便本會明白騎生個別的需要，請說明騎生的狀況。			
Physical Disability 體能狀況		Intellectual Disability 智能狀況	
Epilepsy 腦癇症	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Down Syndrome 唐氏綜合症	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Heart Disease 心臟病	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Medications 藥物 (if any 如有)	
Ambulatory 可走動的	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	Aids 輔助物 (if any 如有)	
Riding Experience (please specify) 策騎經驗 (請說明)		Language 語言能力	
		Cantonese 粵語	<input type="checkbox"/> Fluent 佳 <input type="checkbox"/> Fair 可 <input type="checkbox"/> Poor 劣
		English 英語	<input type="checkbox"/> Fluent 佳 <input type="checkbox"/> Fair 可 <input type="checkbox"/> Poor 劣
Please select school(s) and riding session(s) (you can select more than one school/session). 請選擇騎術學校及其課堂時段。(可作多個選擇)			
<input type="checkbox"/> Pokfulam Public Riding School 薄扶林公眾騎術學校 Address: 75 Pokfulam Reservoir Road, Pokfulam, HK 地址: 香港薄扶林水塘道七十五號 Tel 電話: 2875 7711 Fax 傳真: 2875 7933 Email 電郵: infopfl@rda.org.hk Contact 聯絡: Ms. Catherine Chan 陳小姐		<input type="checkbox"/> Tuen Mun Public Riding School 屯門公眾騎術學校 Address: Lot 45 Lung Mun Road, Tuen Mun, N.T. 地址: 新界屯門龍門路四十五號地段 Tel 電話: 2454 9961 Fax 傳真: 2465 5914 Email 電郵: info@rda.org.hk Contact 聯絡: Ms. Clara Siu 蕭小姐	
Wednesday 星期三	<input type="checkbox"/> 3:00-3:45pm <input type="checkbox"/> 4:00-4:45pm	Tuesday 星期二	<input type="checkbox"/> 2:30-3:15pm <input type="checkbox"/> 3:30-4:15pm
Friday 星期五	<input type="checkbox"/> 3:00-3:45pm <input type="checkbox"/> 4:00-4:45pm	Wednesday 星期三	<input type="checkbox"/> 2:30-3:15pm <input type="checkbox"/> 3:30-4:15pm
Saturday 星期六	<input type="checkbox"/> 8:00-8:45am <input type="checkbox"/> 10:30-11:15am	Friday 星期五	<input type="checkbox"/> 2:30-3:15pm <input type="checkbox"/> 3:30-4:15pm



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Notes 注意事項：

1. Information acquired on this form is used solely for the application of Independent Ride provided by RDA. Personal data supplied to the RDA will be kept confidential and will not be disclosed to third parties.
本會收集所得個人資料只會作申請獨立騎生課程之用。閣下提供予本會的個人資料將予保密，絕不會向第三者透露。
2. When an appropriate place becomes available, you will be asked to come for an Assessment Ride on the first date of the Term to assess suitability for lessons.
當有適合之空缺提供，本會將聯絡申請人於學期第一天前來試騎，以便評估申請是否適宜習騎。
3. RDA cannot guarantee continuity of riding lessons for more than a Term or 6 months, whichever applies to the riding class or group.
本會未能保證習騎課持續超逾一個學期或六個月的時間，乃視乎個別習騎班而定。
4. Any rider with Down Syndrome or a known heart problem MUST have a Doctor's Certificate giving permission to ride, stating there is no atlanto axial instability or heart condition and that the rider is **CLINICALLY FIT for riding**. We also need to know if any rider suffers from epileptic fits. Epilepsy does not preclude riding but the condition must be under control.
唐氏綜合症或心臟病患者必須先取得醫生書面證明其身體狀況適合策騎，並且註明其心臟正常，頸椎健全有力。若騎生患有肌肉抽搐症狀，請先通知本會；腦癇症不一定排除策騎之可能性，然而病情必須受控。
5. Please note that in accepting a riding place it is understood that all riders will be riding at their own risk.
請注意騎生答應前來習騎，乃承諾自行承擔騎馬活動的一切風險。

I declare that I have read and understand the notes above and that, in signing below, I agree to those terms.

本人確認已閱悉及明白以上細則，本人謹此簽署同意該等條款。

Signature 簽署: _____

Date 日期: _____