

Organised by The Cycling Association of Hong Kong, China (CAHK)

Subvented by the Leisure and Cultural Services Department

Co-organised by the Education Bureau

School Sports Programme

2026/27 Joint Schools Cycling Training Programme – Track Cycling

Application Form

Particulars of Applicant

Name of Student (English): _____ Gender: ☐ M ☐ F Date of Birth: _____

Contact / Mobile No.: _____ Email Address: _____

School: _____ Class: _____

School Address: _____

School Contact Person: _____ School Contact No.: _____

(In case of emergency, please contact _____ on _____.)

I *have/haven't participated in any joint schools cycling training course(s) under the Programme.

Please place a tick in the appropriate boxes below.

Programme No.	Date	Fee	Time	Venue	Equipment
CY/JT(TC)/ 26-27/03 (Phase I) ☐	10 October 2026 (Selection day) (Saturday)	\$300	7 pm to 10 pm	Hong Kong Velodrome (Address: 105 - 107 Po Hong Road, Tseung Kwan O)	Track bike will be provided by CAHK
	24, 31 October 2026; 14, 21, 28 November 2026; 5, 12 December 2026 (Saturday)				☐ Rent a track bike & helmet from the CAHK ☐ Bring my own track bike & helmet
CY/JT(TC)/ 26-27/04 (Phase II) ☐	2 January 2027 (Selection day) (Saturday)	\$300			Track bike will be provided by CAHK
	9, 16, 23, 30 January 2027; 13, 20 February 2027; 6 March 2027 (Saturday)				☐ Rent a track bike & helmet from the CAHK ☐ Bring my own track bike & helmet

2026/27 Joint Schools Cycling Training Programme – Track Cycling

Declaration

Applicants aged 18 or above must sign the following declaration:

I, _____ (Name of Applicant), hereby declare that all the information provided above is true and correct. I confirm that I am healthy and physically fit for the captioned programme.

Signature of Applicant: _____

Date: _____

For applicants under the age of 18, the following declaration must be signed by one of the parents or a guardian:

I, _____ (*Name of Parent/Guardian), hereby declare that all the information provided above is true and correct, and I consent to the participation of _____ (name of applicant) in the captioned programme. I confirm that the applicant is healthy and physically fit for the captioned programme.

*Signature of Parent/Guardian: _____

Date: _____

* Please delete as appropriate

Notes:

1. Applicants must possess basic cycling skills up to the specified level with recommendation from the coach of The Cycling Association of Hong Kong, China (CAHK) or school teacher.
2. Applicants must be secondary school students aged 12 or above on the commencement date of the programme with a minimum height of 146cm.
3. Applicants should submit **completed application forms, together with crossed cheques in payment made payable to “The Cycling Association of Hong Kong, China Limited” with his or her school name and name written on the back** to the School Sports Programme Unit, 1/F, Leisure and Cultural Services Headquarters, 1-3 Pai Tau Street, Sha Tin **on or before the corresponding deadline**. Please mark on the envelope “Joint Schools Cycling Training Programme – Track Cycling”. For submission by post, the date of postmark will be taken as the submission date. For submission by email, the date of receipt of the cheque by the LCSD will be taken as the submission date. **Late applications will not be accepted.**
4. The personal data provided by the applicant will only be used for enrolment, communication, announcement of results, compilation of statistics and opinion surveys related to activities under the School Sports Programme. Such data will be accessible only to authorised personnel of the Leisure and Cultural Services Department (LCSD) and relevant National Sports Associations. While the provision of personal data is voluntary, applications with insufficient information may not be processed. For access to or correction of the personal data submitted, please contact the staff of the LCSD on 2601 7608.

Recommendation from School Teacher/Coach of the CAHK (may be submitted afterwards, but must on/before the selection day)

I hereby recommend _____ (Name of Applicant) as a participant of the 2026/27 Joint Schools Cycling Training Programme – Track Cycling.

* Name of Teacher/Coach: _____ (*Mr./Ms.)

* Signature of Teacher/Coach: _____

Contact No.: _____

Date: _____

*Please delete as appropriate

(School Chop)