



香港殘疾人奧委會暨傷殘人士體育協會

Hong Kong Paralympic Committee & Sports Association for the Physically Disabled (HKPC&SAPD)

地址：新界沙田美林邨美楓樓 B 座地下 141-148 室

Address: Unit 141-148, G/F, Block B, Mei Fung House, Mei Lam Estate, Shatin, N.T.

電話 Tel.: 2602-7968 傳真 Fax: 2603-0106 電郵 Email: entry@hkparalympic.org

網頁 Website: www.hkparalympic.org

Get Set Go Para Sports Camp 2019 Enrollment Form

Participant Information

Name: _____ (English) _____ (Chinese)

Gender: Male Female Date of Birth: _____ (YYYY/MM/DD) Age: _____
(Participant must be aged between 8 and 30 years old on 1 November 2019)

Address: _____

Contact No.: _____ (Home) _____ (Mobile)

Email Address: _____

Current School/ Occupation: _____ Food / Drug Allergy: No Yes (Please specify: _____)

Type(s) of Impairment: Spinal Cord Injury Poliomyelitis Amputee Cerebral Palsy
 Visual Impairment Short Stature Muscular Dystrophy
 Others (Please specify: _____)

Affected Body Part(s): Right Arm Left Arm Right Leg Left Leg Trunk Brain
 Totally Blind Partially Blind

Aids: Crutch Electric Wheelchair (capable incapable to transfer seat)
 Manual Wheelchair
 Others (Please specify: _____)

Dominant Hand: Right Left Crew Neck Tee Size: XS S M L XXL

Minder Information

(Participant with caring need could have one minder of the same gender and aged 18 or above to accompany him/her in the camp.)

Name: _____ (English) _____ (Chinese) Relationship: _____

Gender: Male Female Age: _____ Date of Birth: _____ (YYYY/MM/DD)
(Minder must be aged 18 years old or above on 1 November 2019)

Contact No.: _____

Crew Neck Tee Size: XS S M L XXL

Emergency Contact Person

(Non-minder)

Name: _____ Contact No.: _____ Relationship: _____

Rehabus Arrangement

(The Organizer will arrange fixed point transportation service for the participants in need as far as possible. Please pay attention to the acceptance letter.)

Pick-up and Return Location: Hong Kong Island Kowloon New Territories

Will the minder take the rehabus? Yes No

(Please ✓ as appropriate)



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Physical Activity Readiness Questionnaire

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. However, participants should check with their doctor before participating in related activities. Please read the questions carefully and answer each one honestly.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you pregnant or may be pregnant? |

If you answered YES to one or more questions, consult with your doctor and confirm if you are suitable to participate in the camp BEFORE you join.

Declaration

I, _____ (Name of the participant), hereby understand and agree that:

- All information provided is genuine and correct, without any fraud on submission of personal data, or false submission of personal data of others. I will be disqualified if the information provided is inaccurate, incorrect or omitted;
- I am healthy and physically fit to participate in the camp and the Organizer will not be held liable for any medical condition of the participant;
- Personal information given will be provided to the Organizer to process the information for purposes relating to enrollment of this camp, statistical reviews, future contact purpose and opinion survey. Only those who are authorized by the Organizer will have access to such information for the aforesaid purposes.
- Photos and videos taken at this camp may be used by the Organizer for related marketing or promotional purpose;
- The Organizer reserves the right to limit and refuse any enrollment, and participants are to abide by the Organizer's decision on all matters relating to this event, which shall be final. This includes the right to interpret and amend the above terms and conditions without prior notice; and
- I take full responsibility for any injury, loss or damage to my person and/or property that may arise directly or indirectly from my participation in this camp. I will not seek to penalize, prosecute or claim compensation from the Organizer for any injury, loss or damage.

Signature of Participant: _____ Date: _____

Parent /Guardian is required to complete this part for participant aged below 18

I have read the above declaration and agree _____ (Name of the participant) to participate in the Get Set Go Para Sports Camp 2019.

Name of Parent/Guardian: _____ Signature of Parent/Guardian: _____

Relationship: _____

Participants should submit the duly completed form by email, fax, post or in person to the Organizer on or before 11 October 2019. For any enquiries, please contact Mr. Tang (Development Officer) or Ms. Leung (Assistant Programme Officer) on 2602-7968.