



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.: 2602-8232 傳真 Fax: 2603-0106 電郵 Email: entry@hkparalympic.org

網頁 Website: www.hkparalympic.org

潛質運動員甄選 Potential Athletes Recruitment

報名表格 Enrollment Form

請於2018年6月4日(星期一)或之前將填妥之報名表格以電郵、郵寄方式或親身交回協會。

Completed Enrollment Form should be sent by email, post or in person to HKPC&SAPD on or before 4 June 2018 (Monday).

個人資料 Personal Information

姓名 Name: _____ (中文 Chinese) _____ (英文 English)

性別 Gender: 男 Male 女 Female 出生日期 Date of Birth: _____ 香港身分證號碼 HKID Card No.: _____

地址 Address: _____

聯絡電話 Contact No.: _____ 職業 Occupation: _____

電郵地址 Email Address: _____

殘疾類別 Types of Disabilities: 視障 Visually Impaired

截肢 Amputee

肢體殘疾 Physically Disabled (請註明 Please specify: _____)

項目 Sport: 田徑 Athletics

游泳 Swimming 參與該項目的年期 Year(s) of participation: _____

參與田徑測試者請填此欄：

參與游泳測試者請填此欄：

Please complete this column if take part in Athletics Trial:

Please complete this column if take part in Swimming Trial:

請“√”選擇測試項目 Please “√” the testing event	個人最佳時間(分:秒) Personal Best Record (mm:ss)
<input type="checkbox"/> 100 米 100 m	
<input type="checkbox"/> 200 米 200 m	
<input type="checkbox"/> 400 米 400 m	
<input type="checkbox"/> 1500 米 1500m	
<input type="checkbox"/> 5000 米 5000m	
領跑員資料(如適用)： Guide runner's details (if appropriate):	
姓名 Name: _____ (中文 Chinese) _____ (英文 English)	
性別 Gender: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	
出生日期 Date of Birth: _____	
香港身分證號碼 HKID Card No.: _____	

請“√”選擇測試項目 Please “√” the testing event	個人最佳時間(分:秒) Personal Best Record(mm:ss)
<input type="checkbox"/> 50 米自由泳 50m Freestyle	
<input type="checkbox"/> 100 米自由泳 100m Freestyle	
<input type="checkbox"/> 50 米背泳 50m Backstroke	
<input type="checkbox"/> 100 米背泳 100m Backstroke	
<input type="checkbox"/> 50 米蛙泳 50m Breaststroke	
<input type="checkbox"/> 100 米蛙泳 100m Breaststroke	
<input type="checkbox"/> 50 米蝶泳 50m Butterfly	
<input type="checkbox"/> 100 米蝶泳 100m Butterfly	



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聲明 Declaration (參加者及領跑員須分別填寫此聲明 Participant and guide runner should complete this declaration respectively)

本人_____明白及同意 I, _____, hereby understand and agree that:
(參加者/領跑員姓名) (Name of participant/guide runner)

1. 本人所提供的資料均為真實及正確無誤，且沒有冒用或盜用任何第三者之資料。本人提供的資料如有不實或不正確，其參加資格將被取消；
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;
2. 本人會自行判斷身體狀況是否適合參與是次活動，並明白香港殘疾人奧委會暨傷殘人士體育協會(協會)不就本人的任何身體狀況負責；
It is my responsibility to determine physical fitness with regard to the participation in this event and Hong Kong Paralympic Committee & Sports Association for the Physically Disabled (HKPC&SAPD) will not be held liable for any medical condition of the participant;
3. 本人的個人資料將會送交協會處理，以作甄選報名事宜、統計、日後聯絡及活動意見調查之用，亦只限獲協會授權人員方可查閱有關資料作前述目的之用；
Personal information given will be provided to HKPC&SAPD to process the information for purposes relating to enrollment of this event, statistical reviews, future contact purpose and opinion survey. Only those who are authorised by HKPC&SAPD will have access to such information for the aforesaid purposes.
4. 本人同意活動當日拍攝之相片及影將用作協會推廣之用；
Photos and videos taken at this event may be used by HKPC&SAPD for related marketing or promotional purpose;
5. 協會將保留限制及拒絕接受報名的權利，以及一切活動中之最終決定權，包括演繹、更改、取消或暫停此活動的內容、條款及細則，而無須另行通知；及
HKPC&SAPD reserves the right to limit and refuse any enrollment, and participants are to abide by HKPC&SAPD'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
6. 本人對活動中不幸造成的意外、傷亡及財物損失，願意自行承擔全部責任，將不會向協會就上述事項索取賠償、指控及責任上之追討。
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 event. I will not seek to penalize, prosecute or claim compensation from HKPC&SAPD for any injury, loss or damage.

參加者/領跑員簽署 Signature of participant/Guide runner:_____ 日期 Date: _____

緊急聯絡人姓名：_____ 聯絡電話：_____ 關係：_____
Emergency Contact Person:_____ Contact No.:_____ Relationship:_____

未滿 18 歲的參加者必須由家長/監護人士填寫下列資料

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

本人已閱讀上述聲明，並同意參加者/領跑員 (姓名) 參加潛質運動員甄選。
I have read the above declaration and agree _____ (Name) to participate in Potential Athletes Recruitment.

家長/監護人姓名 _____ 家長/監護人簽署 _____ 關係 _____
Name of parent/guardian:_____ Signature of parent/guardian:_____ Relationship:_____