



第二十三屆白理義先生紀念賽
23rd Mr. Paddy Birney Memorial Orienteering Score Event
報名表 Entry Form

(請用英文正楷填寫 *Please Complete In BLOCK LETTERS*)

參加組別 Class participated : 男子公開組 Men's Open 女子公開組 Women's Open

電子控制咭號碼 E-card No. : _____

代表屬會 Representing Club : _____ (If Applicable 如適用)

聯絡人姓名 Contact person's Name (英文English): _____
 (須為參加者之一 One of the participants)

電郵地址 E-mail address : _____

報名費 Entry Fee : **\$ 100 / \$ 120** 支票 Cheque (支票號碼 Cheque No : _____ 銀行 Bank : _____)

參加者資料 Information of Participants :

參加者 1 / Participant 1 <input type="checkbox"/> 總會會員 OAHK Member	參加者 2 / Participant 2 <input type="checkbox"/> 總會會員 OAHK Member
姓名 Name : _____ (英文English) _____ (中文Chinese)	姓名 Name : _____ (英文English) _____ (中文Chinese)
性別 Sex : _____ 出生日期 D.O.B. : ____ / ____ / ____	性別 Sex : _____ 出生日期 D.O.B. : ____ / ____ / ____
身份証號碼 ID Card No. (英文字母及首4位數字) : _____ XX (X)	身份証號碼 ID Card No. (英文字母及首4位數字) : _____ XX (X)
電話 Tel. : _____ (住宅 Home) _____ (手提 Mobile)	電話 Tel. : _____ (住宅 Home) _____ (手提 Mobile)

聲明 Declaration (適用於18歲或以上參加者 Only for Age 18 or above) : 本人聲明自己的健康及體能良好，適宜參加上述活動。本人明白及同意如因本人的疏忽、技術不足、健康或體能欠佳，而引致參加這項活動時傷亡，主辦機構或其合辦、協辦機構則無須負責。I declare that I am physically fit and healthy, suitable to participate in the sports I apply for. I fully understand and agree that the organizing bodies, co-organizing bodies and its supporting bodies will not be responsible or liable for any injury or death resulting from the event if cause of injury or death is due to my own negligence or inadequacy in skill, health and fitness.

參加者簽署 Participant's Signature: _____ 日期 Date: _____	參加者簽署 Participant's Signature: _____ 日期 Date: _____
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家長/監護人同意聲明 Parent/Guardian Declaration (適用於18歲以下參加者 Only for Age below 18) : 本人聲明申請人的健康及體能良好，適宜參加上述活動。並明白及同意如因他/她的疏忽、技術不足、健康或體能欠佳，而引致參加這項活動時傷亡，主辦機構或其合辦、協辦機構則無須負責。I declare that the participant is physically fit and healthy, suitable to participate in the sports he/she applies for. I fully understand and agree that the organizing bodies, co-organizing bodies and its supporting bodies will not be responsible or liable for any injury or death resulting from the event if cause of injury or death is due to his/her negligence or inadequacy in skill, health and fitness.

家長/監護人簽署 Parent/Guardian's Signature: _____ 家長/監護人姓名 Parent/Guardian's Name: _____ 聯絡電話 Contact Number : _____ 日期 Date: _____	家長/監護人簽署 Parent/Guardian's Signature: _____ 家長/監護人姓名 Parent/Guardian's Name: _____ 聯絡電話 Contact Number : _____ 日期 Date: _____
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備註 Remarks: 閣下所提供的資料祇用於本會與合辦機構的康體活動報名事宜之用。The information provided by you will only be used for the enrollment of recreation and sports activities organized by our Association and co-organizing bodies.

查詢 Enquiry : 3460 3177 / 3460 3224