

香港定向總會

Orienteering Association of Hong Kong

國際定向聯盟成員及中國香港體育協會暨奧林匹克委員會會員 Affiliated to: International Orienteering Federation and Sports Federation & Olympic Committee of Hong Kong, China

聯合名譽贊助人: Joint Honorary Patron: 施德論先生 Mr. John E. Strickland

參加項目 Class participated: □(精確賽)

聯絡人姓名Contact person's Name (英文English):_

楊孝華先生 Mr. Howard Young 義務法律顧問: Honorary Legal Advisor: 車偉恒律師 Mr. Allen W.H. Che

2019年亞洲沿徑定向錦標賽香港代表隊選拔暨公開賽 - 報名表

● 公開賽

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

電郵地址 E-mail a	ddress:	
報名費 Entry Fee: <i>参加者資料 Information</i>	(支票號碼: 頭請寫"香港定向約賽)	賽、速決賽)\$ 120 ,請將劃線支票(抬頭請寫"香港定向總會")寄回總會,抬 總會",支票背面請註明參加者姓名及2019年亞洲沿徑定向公開
	:	参加者 / Participant
	姓名Name :	(英文English)
		(中文Chinese)
	性別 Sex:	_ 出生日期 D.O.B.:/
	身份証號碼ID	O Card No.(英文字母及首4位數字):
		XX (X)
	電話 Tel.:_	(住宅Home)
	_	(手提Mobile)
聲明Declaration (適用於18岁		or 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	5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	另辦機構則無須負責。I declare that I am physically fit and healthy, suitable to
participate in the sports I app	ly for. I fully understand	and agree that the organizing bodies, co-organizing bodies and its supporting
bodies will not be responsible	e 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.

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施德論先生

楊孝華先生

義務法律顧問:

車偉恒律師

聯合名譽贊助人: Joint Honorary Patron: Mr. John E. Strickland Mr. Howard Young Honorary Legal Advisor: Mr. Allen W.H. Che

:	參加者簽署
Participant's Signature:	
	日期
Date:	

家長/監護人同意聲明Parent/Guardian Declaration (*適用於18歲以下參加者 Onl***y 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:		

備註 Remarks:

- 閣下所提供的資料祗用於本會與合辦機構的康體活動報名事宜之用。 1.
- 公開組設冠亞季軍。 2.

查詢Enquiry : 3460 3177 / 3460 3224

(852)25775595