

致：中國香港棒球總會
To The Baseball Association of Hong Kong, China
 2504 8330  office@hkbaseball.org

參加同意書及身體健康申報 Participation Consent Form & Health Declaration

請於登入以下連結上載已填妥之同意書及所需文件
Please upload a duly completed consent form and the required documents through the following link
<https://forms.gle/PgQXUf2zpH53g6Pf7>

限期 Deadline: 27. 12. 2024 中午 12 noon

本人同意敝子弟參加以下活動並明白必須通過甄選及面試；本人及敝子弟明白必須隨團出發及回港。並了解如訓練表現欠佳或未達標者，教練團有權將敝子弟除名，所有發放與活動有關的物資必須交回中國香港棒球總會，所繳費用概不退回。

I agree that my children will participate in the following event and understand that they must pass the selection and interview; I and my children understand that we must depart and return to Hong Kong with the team. We also understand that if the training performance is not satisfactory or the standard is not met, the coaching team has the right to remove my children from the list, and all materials related to the distribution of activities must be returned to The Baseball Association of Hong Kong, China, and the fees paid will not be refunded.

活動名稱：奧克蘭生活體驗之旅暨U12棒球季後賽
Event Name: Explore Auckland and "Baseball in the Break" U12 Tournament
活動日期：7-13. 01. 2025 (含抵離 Both inclusive)
Event Date:
活動地點：紐西蘭 奧克蘭
Event Destination: Auckland, New Zealand

備註：活動詳情包括日期地點，以活動主辦單位最後公布為準。

Note: The details of the event, including the date and venue, are subject to the final announcement of the event organizer.

參加者個人資料

Participant Particulars

球員姓名 中文 英文
Player Name Chinese English

(與香港身份證同 as per your HK ID Card)

聯絡電話 棒總會員編號
Contact Number BAHKC Membership No. A18

性別 年齡 香港身份證號碼
Sex Age HKID No.

敏感症 有 Yes 如有，請詳細列明 If yes, please specify in detail
Allergies 沒有 No

藥物治療 有 Yes 如有，請詳細列明 If yes, please specify in detail
Medications 沒有 No

飲食規限 有 Yes 如有，請詳細列明 If yes, please specify in detail
Dietary restrictions 沒有 No

其他 Other 請列明 Please state:

聲明書 Declaration

個人責任聲明 Personal Responsibility Declaration

本人謹代表本聲明書上所列之所有人等，同意作出以下有關個人責任之聲明。本人/吾等假若在中國香港棒球總會舉辦或安排之任何活動中不幸導致個人或他人身體損傷或死亡、或任何財物損失，或任何器材損毀、損壞、損失，一概不會向中國香港棒球總會，或與中國香港棒球總會合辦之機構，或中國香港棒球總會及有關合辦機構之執行委員、工作人員、職員及會員等作出任何形式之追究行動，謹此聲明。

I, for myself, my heirs, administrators and/or for the minor on whose behalf I am signing, hereby: waive all claims, expenses, rights, demands and actions of any nature for any personal injury to myself/ourselves or to a third party by myself/ourselves, or for any loss or damage sustained to my/our equipment or possessions arising from or in connection with my/our participation in baseball games organized and/or arranged by The Baseball Association of Hong Kong, China (BAHKC), their officials, servants and agents, or other Association members.

授權 Authorization

茲證明上述參加者(“未成年者”)身體健康良好，適宜參加上述活動。本人同意授權中國香港棒球總會委任之團長/領隊/教練/指派之職員為參加者之監護人，帶領參加者前往活動地點參加上述活動。活動期間，同意前述獲授權之監護人給予參加者接受必需性之藥物治療及/或醫療診治。

It is hereby certified that the above participant ("the minor") is in good health and suitable to participate in the above event. I agree to authorize the Head of Delegation/Team Manager/Coach/Appointed Staff of The Baseball Association of Hong Kong, China to be the guardian of the minor and lead him/her to the destination to participate in the above event. During the activity period, I agree that the aforesaid authorized guardian will provide the minor with necessary medications and/or medical treatment.

肖像使用授權 Image Release Consent

本人明白參與由中國香港棒球總會(棒總)舉辦之活動期間，下列簽署人有可能被拍攝及錄像，本人同意棒總使用本人/敝子弟之相片或錄像於推廣或傳宣棒總活動之刊物內及棒總網頁或社群網路平台上。

In consideration of participation in the program to be organized by The Baseball Association of Hong Kong, China (BAHKC), the undersigned agrees that the likeness, or the likeness of the minor child/ward may be photographed or videotaped and that such image may be used in BAHKC's publications, including its website or social networking platforms to promote or publicize the sports or program.

資料保留及刪除 Data Retention and Deletion

參加者資料會保留於中國香港棒球總會「網上登記系統」內以使用戶查閱。如用戶欲取消有關登記，[請電郵本會 office@hkbaseball.org](mailto:office@hkbaseball.org)。

The sign-up information will retain on the BAHKC Online Registration System for record. If a user wants to delete the registered account, please email BAHKC at office@hkbaseball.org.

參加者簽署
Signature of participant _____

參加者姓名
Name of Participant _____

日期
Date _____

家長/監護人簽署
Signature of parent/guardian _____
(參加者如未滿十八歲，必須由家長或監護人填寫和簽署)

家長/監護人姓名
Name of parent/guardian _____

與參加者關係
Relationship _____

聯絡電話
Contact Tel No. _____