

注意事項 IMPORTANT NOTES

- 請填寫報名表上所有資料 Please fill in all the information required on the enrolment form.
- 每欄位請務必以正楷填寫 Please complete this form in **LEGIBLE BLOCK LETTERS**.
- 請將報名表連同以下文件一併遞交 Please attach the following documents when submitting the enrolment form:
 - 隊伍中所有隊員身份證明文件副本(只適用於非會員) Copy of identification document with date of birth for every team members (For Non-Member Only)
 - 支票 (抬頭: YMCA OF HONG KONG) Crossed cheque payable to "YMCA OF HONG KONG"
 - 貼上足夠郵費的回郵信封(如希望以郵寄方式收到賽程) Self-addressed envelope with sufficient postage (If you would like to receive the schedule by post)
- 每名球員只限報名參加一次。如同一位參賽者參與隊伍數目多於一隊, 該參賽者將會被取消資格。如果有隊伍因以上情況而隊員總數少於本會二男二女之要求, 該隊伍亦會被取消資格。在上述情況下, 本會不會退還多出款項 Participants can **ONLY** participate in tournament once. Participants will be disqualified if he/she participates in more than one team. If any team has a fewer number of team members than the required 2 boys and 2 girls, the team will also be disqualified. There will be **NO** refund in such cases.

隊伍教練/負責人資料*

Team Instructor / Person-in-charge Information*

*只有隊伍教練或負責人能於比賽當天在場館內陪伴隊伍出賽

*ONLY the team instructor or person-in-charge can join the team in the court during the tournament day

姓名Name:(中文) _____ (English) _____ 出生日期Date of Birth: ____/____/____(日Date/月Month/年Year)

年齡Gender: ____ 性別Age: ____ 聯絡電話Contact No: _____ 會員編號(如有)Membership No.(If any): _____

地址 Address: _____

電郵地址 Email address(用作發送賽程表 For schedule delivery): _____

如希望以郵寄方式收到賽程, 請打剔號 (必須附上貼上足夠郵費的回郵信封):

Tick if you would like to receive the tournament schedule by post (Must attach a self-addressed envelope with sufficient postage)

請於適當位置打上"✓" "Please indicate a "✓" in the appropriate 【 】

參賽費用Fee: 會員Member: \$800 / 非會員Non-member: \$850

組別Divisions

Division A Grade (Ages 14-15 from 01/01/04 -31/12/05) 【 】 19PSS 40101
 Divison B Grade (Ages 12-13 from 01/01/06- 31/12/07) 【 】 19PSS 40102
 Divison C Grade (Ages 10-11 from 01/01/08 - 31/12/09) 【 】 19PSS 40103
 Divison D Grade (Ages 7-9 from 01/01/10 - 31/12/12) 【 】 19PSS 40104

(For Office Use Only)

| Amount | Ref. No. | W/L |
|----------|----------|-------|
| \$ _____ | _____ | _____ |
| \$ _____ | _____ | _____ |
| \$ _____ | _____ | _____ |
| \$ _____ | _____ | _____ |

Payment made by 【 】 Cash 【 】 Cheque No. _____ Bank Name _____ Total \$ _____

課程/活動費用退款 Course / Activity Fee Refund

支票退款 Cheque refund*

收益人姓名 (須與銀行戶口姓名相同) Payee Name (must be the same name of a bank account) _____

大楷 BLOCK LETTERS

信用卡退款 Credit card refund ** - 經信用卡戶口 Via credit card account

免責聲明 Disclaimer: 下列需由18歲以上人士簽署, 18歲以下人士需由家長或監護人代簽署。

Below has to be signed by adult above the age of 18, or by parents or adult guardian on behalf of child/youth under the age of 18.

本人要求此申請被接納並願意遵守香港基督教青年會("港青")所有條例與規章和克制行為以顧及自身和他人的安全。本人和本人的承繼人清楚了解本人自願承擔因參加活動、使用場地、器材或設施而可能引致的損傷或疾病的風險, 本人明確接受港青毋須為本人因參加活動、使用場地、器材或設施而可能引致的損傷或疾病承擔責任。本人同意免除港青及其代理人、服務人員和僱員的責任, 不會因本人參加活動、使用場地、器材或設施而可能蒙受的損傷、疾病、死亡、遺失或傷害向該機構和人士進行任何和所有索償。本人明白港青毋須負上在其建築物範圍或任何活動範圍或地點內個人財物遺失或被竊的責任。

I request that this application be accepted and agree to abide by all rules and regulations of the YMCA of Hong Kong ("YMCA") and otherwise undertake to behave in such a manner as to contribute to the safety and well being of myself and others. I understand that the YMCA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or from my participation in any of its activities, use of its venues, equipments and facilities, and expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities, use of its venues, equipments and facilities. I hereby release and discharge the YMCA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of participation in these activities, use of its venues, equipments and facilities. I understand that the YMCA is not responsible for personal property lost or stolen while on its premises or any other premise or location of its activities.

日期 Date : _____ 簽署 Signature : _____

收集個人資料聲明 Personal Information Collection Statement

本人已細閱、明白和同意本報名表格的刊於附頁的「收集個人資料聲明」條款

I acknowledge that I have read and agree to the 'Enrollment Form' and the attached 'Personal Information Collection Statement'

日期 Date _____ 簽署 Signature _____

收集個人資料聲明

- 收集資料的目的： 香港基督教青年會會使用你提供的個人資料，向你／申請人提供你／申請人所需要的活動、課程或服務，包括但不限於監察、檢討及發展各項活動、課程或服務。
- 資料的轉移： 你所提供的個人資料，會供本機構在工作上需要知道該等資料的職員或指定人士使用。此外，本機構在需要時亦只會向下列有關方面披露該等資料：
a) 活動、課程或服務的協辦機構或團體。
b) 香港基督教青年會所委託的指定機構，（不限於）處理／跟進保險索償個案、檢討服務等事宜。
c) 由法律授權或法律規定須向其披露資料的有關方面。
- 查閱個人資料： 除了《個人資料（私隱）條例》規定的豁免範圍外，你有權要求查閱和更正本機構所持有關於你的個人資料，你亦可要求索取這些資料的副本。不過，在一般情況下，如收集資料的目的已經完成，本機構會刪除有關的個人資料。
- 查詢： 請確保你向香港基督教青年會提供的資料正確無誤。如欲查閱或更正本機構所持有關於你的個人資料，請以書面方法提出。
聯絡：香港基督教青年會會員及社區服務部總辦公室
地址：九龍尖沙咀梳士巴利道41號
- 申請人聲明：
1) 本人明白及同意香港基督教青年會會透過本表格收集本人的個人資料，並利用我的個人資料，作處理申請、安排課程／活動／服務內容（包括但不限於班務、點名、貼堂、領取證書）、宣傳、檢討服務、統計、意見調查、調查／跟進其他與香港基督教青年會有關的服務或事宜之用。
2) 本人明白及同意香港基督教青年會可能把本人的個人資料作上述的資料轉移用途。
3) 本人明白及同意香港基督教青年會可能會使用本人的個人資料（包括但不限於姓名、地址、電郵地址、電話號碼、肖像及錄像），向本人提供有關香港基督教青年會的相關活動、課程或服務及推廣活動等的相關資訊；並同意香港基督教青年會亦可能把本人的個人資料，用作推廣香港基督教青年會提供的活動、課程或服務之用途。

Personal Information Collection Statements

- Purpose of Collection: The YMCA of Hong Kong (“YMCA”) will collect your personal data to provide you/ the applicant activities, programmes or services relevant to your needs, including but not limited to monitoring, review and development of activities, programmes or services.
- Transfer data: The personal data you provide will be made available to persons working in the YMCA or persons designated on a need-to-know basis. Apart from this, the data may only be disclosed to the relevant parties in the circumstances listed below :
a) Co-operative activity, programme or service providers.
b) Other parties commissioned by the YMCA for the purposes of processing insurance claims, evaluation and review of services and other issues related to the YMCA.
c) Where such disclosure is authorized or required by law.
- Access to Personal Data: Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you have a right of access to and correction of personal data or obtaining a copy of the data you provided. However, under normal circumstances, data will be erased after fulfilling the purposes of collection.
- Enquiries: Please ensure that the data you provide to the YMCA are accurate. If you would like to access or correct your personal data, please contact the YMCA in writing.
Contact: Head Office of Member and Community Services (M&CS), the YMCA of Hong Kong
Postal Address: 41 Salisbury Road, Tsim Sha Tsui, Kowloon
- Declaration by the Applicant:
1) I understand and accept that the YMCA will, through this application form, collect my personal data which would be used for processing my application, arranging activities, programmes or services (including but not limited to class administration work), promotion, evaluation of services, statistics, surveys, investigation and following up of other issues related to the YMCA.
2) I understand and accept that the YMCA may transfer my personal data for the above purposes.
3) I understand and agree that the YMCA may use my personal data (including but not limited to my name, correspondence address(es), contact telephone number(s), email address(es), photo record(s) and video record(s)) to provide me information on related activities, programmes or services; I also accept that my personal data may be used for promoting activities, programmes or services provided by the YMCA.

隊伍名稱 Team Name: _____

隊員資料 Team Member Information

(每隊最多8名隊員，最少2男2女 Maximum 8 team members and Minimum 2 boys and 2 girls in a team)

*備註: 如希望與跨年齡組別參賽者組隊，隊伍須參與隊伍中年齡最大組員之所屬組別

*Remarks: If you wish to team up with participants from another division, your team MUST compete in the division of the eldest team member in the team.

| | | | |
|--------------------------|--------------------------------------|---------------------|------------|
| Name: Chinese _____ | English: _____ | Gender: _____ | Age: _____ |
| HKID No. _____ | Date of Birth: _____ / _____ / _____ | (Date/ Month/ Year) | |
| Emergency Contact: _____ | Relationship: _____ | | |
| Signature: _____ | Membership No. (If any): _____ | | |

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| HKID No. _____ | Date of Birth: _____ / _____ / _____ | (Date/ Month/ Year) | |
| Emergency Contact: _____ | Relationship: _____ | | |
| Signature: _____ | Membership No. (If any): _____ | | |

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