

隊伍資料更改表格

Team Details Amendment Form

(請用英文正楷填寫)

(PLEASE COMPLETE IN BLOCK LETTER)



陸域慈善賽2020

For Office Use

Receipt No.

Team No.

| | | | | | | |
|--------------------------------|-------------|------------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|
| 隊長姓名 Name of Team Leader | 組別 Class | <input type="checkbox"/> OM6 | <input type="checkbox"/> OW6 | <input type="checkbox"/> OX6 | <input type="checkbox"/> CORP | <input type="checkbox"/> CATI |
| | | <input type="checkbox"/> YM6 | <input type="checkbox"/> YW6 | <input type="checkbox"/> YX6 | <input type="checkbox"/> AYP | <input type="checkbox"/> FAM |

更改隊員個人資料 Change of Personal Information

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

性別 Sex: _____ 出生日期(日/月/年) D.O.B.(D/M/Y): _____ 手提電話 Mobile Phone No.: _____

身份證號碼(只須填寫英文字母及頭4位數字) I.D. No. (Only enter the letters and the first 4 digits): _____

參加ROGAINE經驗 Experience in ROGAINE: _____ 年Years

曾否於ROGAINE奪得冠、亞或季軍
Best three in ROGAINE: Yes No

T-shirt尺碼[^] T-shirt Size[^] XS S M
 L XL

緊急聯絡人姓名 Emergency Contact Person: _____ 緊急聯絡人電話 Emergency Contact No.: _____

參賽者簽署 Participant Signature: _____

轉換隊員 Change of Team Member 增減隊員 Addition / Withdrawal of Team Member

退出隊員姓名 Name of Member to be withdrawn : _____

新增隊員資料 Information of New Member:

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

性別 Sex: _____ 出生日期(日/月/年) D.O.B.(D/M/Y): _____ 手提電話 Mobile Phone No.: _____

身份證號碼(只須填寫英文字母及頭4位數字) I.D. No. (Only enter the letters and the first 4 digits): _____

參加ROGAINE經驗 Experience in ROGAINE: _____ 年Years

曾否於ROGAINE奪得冠、亞或季軍
Best three in ROGAINE: Yes No

T-shirt尺碼[^] T-shirt Size[^] XS S M
 L XL

緊急聯絡人姓名 Emergency Contact Person: _____ 緊急聯絡人電話 Emergency Contact No.: _____

參賽者簽名及聲明:

本人現參加圖出山野陸域慈善賽2020，謹此聲明，本人乃自願參加此活動，並同意及遵守所有由主辦機構及贊助商及支持機構的安排及決定。本人同意：

1. 團隊定向(Rogaining)是一種有可能導致個人傷亡或財產損失的活動，本人同意承擔個人意外傷亡及財產損失的責任，不會因此而向主辦機構索償及追討責任；
2. 若本人在活動期間發生事故而導致主辦機構支付額外開支，本人願意對主辦機構作出合理賠償；
3. 主辦機構可使用本人的個人資料包括但不限於姓名、照片、影像等作為籌辦活動及推廣之用。

Competitor's Signature and Declaration

I hereby agree to participate in Stan Group AYP Rogaine Charity Race 2020. I participate in this event under my own free will and I confirm and agree that I shall comply with all arrangement and decision made by the Organizer and sponsors. I agree:

1. Rogaining is an activity which can involve risk of personal injury and/or property damage. I am joining this event at my own risk. The Organizer will not accept any responsibility for death, injury, loss and damage caused to the competitors;
2. In case there is additional expenses or costs incurred by the Organizer arising from or in connection with my participation in the event, I shall indemnify or reimburse the Organizer;
3. The Organizer has the right to use my personal data including name, photos, videos for organizing and promoting the event.

參賽者簽署 Participant Signature: _____

18歲以下參加者必須獲得家長簽署同意方可參與是次活動。 Parental consent is required for participant under age 18.

家長姓名 Parent's Name: _____ 家長簽署 Parent's Signature: _____

更改組別 Change of Class

本隊現申請由 _____ 組別改為參加 _____ 組別。
Our team apply to change the participating class from _____ Class to _____ Class.

隊長簽署 Team Leader Signature: _____

申請/取消成績證明書 Certificate of Achievement*

申請成績證明書 Apply Certificate of Achievement for: (隊員名稱 Participant's name)
: _____
(隊員名稱 Participant's name)

取消申請成績證明書 Cancel application Certificate of Achievement for: (隊員名稱 Participant's name)

隊長簽署 Team Leader Signature: _____

*請同時繳交費用 (\$20/位) Please also pay the fee (\$20/participants).

更換隊長 / 更改隊長聯絡方法 Change of Leader / Leader's Information

現任隊長姓名 Name of Original Team Leader: _____

新任隊長姓名 Name of New Team Leader: _____

隊長地址 Team Leader's Address: _____

隊長電郵 Team Leader's Email: _____

隊長簽署 Team Leader Signature: _____

填妥本表格，連同相關收費以下列方法於**截止日期(2020年1月3日)前**交回獎勵計劃總辦事處。
Send the completed form with application fee to the AYP Office **before deadline (3 January 2020)**.

| | | | |
|-----------|--------------------------------------|------------|--|
| 費用 | 2019年12月6日或之前：免費 | Fee | On or before 6 Dec 2019: Free of Charge |
| | 2019年12月7日至2020年1月20日：HK\$300 | | During 7 Dec 2019 to 3 January 2020 : HK\$300 |

親臨本會，以現金付款 (九龍長沙灣麗閣邨麗葵樓3樓301-309號)
Cash payments can be made at AYP Office (Nos.301-309, 3/F., Lai Kwai House, Lai Kok Estate, Cheung Sha Wan, Kowloon.)

劃線支票 Crossed Cheque: _____
支票號碼 Cheque No. : _____ 銀行 Bank: _____

* 支票抬頭：香港青年獎勵計劃 Payable to: The Hong Kong Award for Young People

查詢及聯絡 Enquiries & Contact:

香港青年獎勵計劃 The Hong Kong Award for Young People

地址 Add: 九龍長沙灣麗閣邨麗葵樓3樓 301-309 號 Nos.301-309, 3/F., Lai Kwai House, Lai Kok Estate, Cheung Sha Wan, Kowloon.

電話 Tel.: 2157 8630 傳真 Fax: 2725 1577 電郵 Email: rogain@ayp.org.hk 網頁 Website: http://www.ayprogain.com/