

主辦機構：

資助機構：



Hong Kong Squash Cup 2024

2024 香港壁球盃賽

報名表格 Entry Form

Name 姓名:#	(中) (Chi, if applicable)	(Eng)	Gender 性別:#
Date of Birth:#	(Day)	(Month)	(Year)
出生日期:#	(日)	(月)	(年)
Contact No.:	(Mobile no.)#	(Other)	2024/25 Membership No. (if applicable)
聯絡電話:	(手提電話)#	(其他)	中國香港壁球總會 2024/25 會員編號 (如適用):
Email Address 電郵:#			
Emergency Contact Person:#			Emergency Contact No.:#
緊急聯絡人姓名:#			緊急聯絡人電話:#
The Recent participation in League (if applicable):	(Season)	(Div)	(Team)
最近一次聯賽記錄(如適用):	(球季)	(組別)	(隊名)
			(Divisional Ranking)
			(個人級別排名)

Tee Size# T 恤尺碼# (Please '✓' the appropriate 請'✓'適合的尺碼)

<input type="checkbox"/> XS 碼 (Length 衫長 64cm, Chest 胸寬 44cm)	<input type="checkbox"/> S 碼 (Length 衫長 67cm, Chest 胸寬 47cm)	<input type="checkbox"/> M 碼 (Length 衫長 70cm, Chest 胸寬 50cm)
<input type="checkbox"/> L 碼 (Length 衫長 73cm, Chest 胸寬 53cm)	<input type="checkbox"/> XL 碼 (Length 衫長 75cm, Chest 胸寬 56cm)	<input type="checkbox"/> XXL 碼 (Length 衫長 77cm, Chest 胸寬 59cm)

Group 參賽組別# (Please '✓' the appropriate 請'✓'適合的組別)

<input type="checkbox"/> Men's A 男子 A 組	<input type="checkbox"/> Men's B 男子 B 組	<input type="checkbox"/> Men's C 男子 C 組	<input type="checkbox"/> Men's D 男子 D 組
<input type="checkbox"/> Women's A 女子 A 組	<input type="checkbox"/> Women's B 女子 B 組		

Crossed Cheque 劃線支票:	(Cheque No.)#	(Bank)	Amount:
	(支票號碼)#	(銀行)	金額:

Declaration 聲明書# (All applicants must sign this declaration 所有參加者須填寫此聲明)

I declare that I am healthy, physically fit, and suitable to participate in the above activity. Squash Association of Hong Kong, China shall not be liable for any injury or death which I may suffer in this activity, if the cause of injury or death is due to my own negligence or inadequacy in health and fitness.

本人謹此聲明，本人健康及體能良好，適宜參加上述活動。如因本人的疏忽或健康或體能欠佳，而引致於參加這項活動時傷亡，中國香港壁球總會則無須負責。

Participant's Signature 參加者簽署:	Date 日期:
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Parental Consent 家長同意書# (Applicable to applicants aged below 18 only. This consent must be completed by his/her parent or guardian. 只適用於未滿十八歲的參加者，此同意書必須由家長或監護人填寫)

I declare that _____ (applicant's name) is healthy, physically fit, and suitable to participate in the above activity. Squash Association of Hong Kong, China shall not be liable for any injury or death which the participant may suffer in this activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.

本人謹此聲明，(參加者姓名) 健康及體能良好，適宜參加上述活動。如因他/她的疏忽或健康或體能欠佳，而引致於參加這項活動時傷亡，中國香港壁球總會則無須負責。

Parent/ Guardian's Name:	Parent/ Guardian's Signature:	Date:
家長/監護人姓名:	家長/監護人簽署:	日期:

Deadline 截止報名日期：09/ 08/ 2024 (Friday 星期五)

Return the completed form together with a crossed cheque (payable to " Squash Association of Hong Kong, China ") for payment on or before the deadline to Squash Association of Hong Kong, China Office (Address: G/F, Hong Kong Squash Centre, 23 Cotton Tree Drive, HK).

將填妥的報名表格連同劃線支票(支票抬頭為「中國香港壁球總會」或「 Squash Association of Hong Kong, China 」)於截止報名日期當日或之前交/寄回

中國香港壁球總會辦事處 (地址: 香港紅棉路 23 號·香港壁球中心地下)