

2021-國慶盃

柏友慈善-KF1香港踢拳邀請賽



主辦：

報名表 Application Form

參賽者姓名： Name of applicant:	(中文)	(英文)
年齡/Age:	出生日期/Date of Birth: (日/DD) (月/MM) (年/YYYY)	性別/Gender*: 男/MALE 女/FEMALE
香港身份證號碼/HKID No.:	電話/Contact No.:	電郵/E-mail:
拳館名稱/Name of GYM:		
教練姓名/Name of Coach:		教練電話/Coach's Contact No.:
組別及體重級別/Division & Weight Category: 青少年組 Junior / 成人組 Adult * : 至 to 公斤/KG		
戰績/Records: 場/Bouts 勝/W 負/L 和/D 擊倒/KO		
健康狀況/Health Declaration* : 良好/Good 需要長期服用藥物/ Under medications		
詳情/Details:		
<p>聲明 /Declaration :</p> <p>本人(參賽者姓名)_____謹此聲明，上述資料皆確實無誤，本人明白上述資料，如有虛假，則將被取消申請或參賽資格，並同時作出聲明，如本人因健康、體能、個人技術或其他原因所導致的任何傷亡，概由本人負責，與主辦單位無關。本人同意遵照國際禁藥組織之規例。如有違反則立即取消參賽資格！</p> <p>I (name of applicant)_____declare that all the particulars information provided in this form are true and correct to the best of my knowledge and understand that any false information provided will lead to disqualification of my application. I shall take full responsibility for any injury or death which may sustain/ arise directly or indirectly as a result of this activity. I shall comply with the World Anti-Doping Code and the relevant international regulations and understand that I shall be disqualified in case of violation.</p> <div><div>參賽者簽名 Signature of Applicant</div><div>家長監護人簽名 (18歲以下參賽者適用) Signature of Parent / Guardian (for applicant under 18)</div><div>所屬拳館授權及蓋章 Authorized Signature & Chop</div></div> <div><div>日期/Date :</div><div>日期/Date :</div><div>日期/Date :</div></div>		

*刪除不適用