

11th September, 2020

CHI YUN SCHOOL
Registration as 2020-2021 Special Olympics athlete

Dear Parents / Guardians,

Your child has been selected as Special Olympics athlete. Before he/she can enroll for the sports events, registration at HKSAPID (Hong Kong Sports Association for Persons with Intellectual Disability) is required. Please submit the following documents with registration fee (\$ 20) to the school office by 2nd October, 2020:

1. Health Record Sheet (Form F)
2. Parental Consent form;

Yours Faithfully,





Chung Lai Kuen,
Principal, Chi Yun School



Hong Kong Sports Association for Persons with Intellectual Disability Special Olympics Hong Kong

Health Condition Record Sheet (For Athlete Renewal)

Name : _____ (Chinese) _____ (English)

HKID No./Birth Certificate No.

Age : 8-15 16-21 22or above

(if do not have HKID card) : _____

Grade : Mild Moderate Severe Autism : Yes No

Teacher In-charge : _____ Parent/Guardian : _____ Contact No. : _____

A) Please ✓ if the athlete has the following disease(s) :

- 1. Heart Disease ()
- 2. High Blood Pressure ()
- 3. Respiratory Disease ()
- 4. Diabetes ()
- 5. Epilepsy ()
- 6. Low Back Pain / Back Pain ()

7. Any medication need to take medicine regularly (e.g. Anti-convulsant drug), please Specify : _____

8. Others, please Specify : _____

B) Health condition within this half year :

1. Diseases/Hospitalization/Surgery (e.g. : eye surgery, ear surgery etc.)

2. Other information (eg : Allergy or advice by doctor not to participate in any particular sports event)

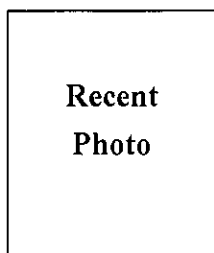
C) Has taken any injection ?

Signature of Parent/Agency Representative : _____

Date : _____

Declaration: The data collected will be kept confidential and be used for administrative purposes only.

Hong Kong Sports Association for Persons with Intellectual Disability
Special Olympics Hong Kong
Registration for the Athletes (1/4/2020-31/3/2021) – Renewal



Approval of Parent/Guardian
(For Renewal Only)

Athlete no.:
(For Official Use only)

I agree _____ to participate in training and competitions organized by HKSAPID and SOHK. The applicant has been certified by the doctor that he/she is suitable for participating in physical activities. I also understand that I have to pay attention to the applicant's medical condition. In case of any changes, the applicants should have medical examination again to prove his/her suitability for participating in physical activities. I will be responsible for notifying your association in writing about the health condition. The athlete should also be handled properly in case of accident during the activity. I also agree with your association's using of applicant's photos, image and voice to assist your association's promotional and fund-raising activities.

(Those down's syndrome athletes participating in gymnastics, diving, butterfly swimming, high jump and skating should have x-rays on their neck to determine whether they can participate in these activities.)

According to the above conditions, I agree with the participant to participate in the activities organized by HKSAPID and SOHK. **Enclosed please find HK\$20 for athlete registration which is valid for one year** to participate in all individual events (except training course).

(Please fill in the following data if changed)

Athlete's old name : _____ HKID No./Birth Certificate: _____ Tel No.: _____

Address: _____

Name of Parent/Guardian: _____ Signature: _____ Date: _____
(BLOCK LETTER)

- Remarks:
1. For details please refer to 'Regulation for 2020/2021 Registration of Special Olympics Hong Kong Athletes'.
 2. The data collected will be kept confidential and be used for administrative and statistical purposes only. You may request access to or correction of data at your affiliated school /agency.
 3. Withdrawal from membership will be effective upon submission of written notice to our association.

