

27th September, 2019

CHI YUN SCHOOL
Registration as 2019-2020 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 8th October, 2019:

1. Medical Certification form (Form D)

- Participate in the annual medical checkup and get the medical certification issued by Dr. Choy Yuk Lun Frederick (checkup fee \$ 80), or
- bring your child to any other doctor's clinic for checkup and medical certification.
- (Please "tick" the appropriate)

2. Parental Consent form;

Yours Faithfully,



Mak Man Chiu,
Principal, Chi Yun School

Hong Kong Sports Association for Persons with Intellectual Disability
Special Olympics Hong Kong
Registration for the Athletes (1/4/2019-31/3/2020) – New registration

The mission of the Special Olympics Hong Kong (SOHK) is to provide different sports training and competitions for persons with intellectual disability on a year-round basis. It aims at developing their potential and showing their courage through rendering different learning opportunities to them. Besides, we hope that the athletes can share their happiness, exchange experience and enhance friendship with their parents, friends and other athletes through participating in sports. The genuine spirit of SOHK is to respect the qualifications, the results of the athletes and guarantee them to compete in a fair environment.

Special Olympics has been approved by the International Olympics Committees. All the training and competitions of Special Olympics Hong Kong have been entrusted to Hong Kong Sports Association for Persons with Intellectual Disability (HKSAPID). We, therefore, hope that your esteemed school/agencies can apply for the athletes' cards in order to participate in all the activities organized by HKSAPID and SOHK.

The basic principles of Special Olympics:

1. All the rules of Special Olympics abide the rules of Special Olympics Inc. in order to guarantee the athletes' benefit.
2. All the events are classified by athletes' abilities so as to ensure all the athletes have the same chances to win and participate.
3. Athletes, coaches and parents should focus on the same direction, i.e., develop their talent to potential in every specific sport.
4. The development of athletes' physical, social, psychological, mental and spiritual aspects should be emphasized.

Approval of Parent/Guardian

(New registration)

Athlete no.:
(For Official Use only)

Name of athlete: (English) _____ (Chinese) _____

Sex: _____ Date of Birth: _____ (Age Group: 8-15 16-21 22 or above)

HKID No/ Birth Certificate No(if do not have ID card): _____

Contact No.: _____ Place of Birth: _____

Address: _____

Affiliated school/agency: _____

Teacher In-charge: _____

**Recent
Photo**

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 to 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 to the participation of _____ in the activities organized by HKSAM 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).

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

- Remarks:
1. For details please refer to 'Regulation for 2019/2020 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.

**HONG KONG SPORTS ASSOCIATION FOR PERSONS WITH INTELLECTUAL DISABILITY
SPECIAL OLYMPICS HONG KONG**

MEDICAL CERTIFICATION FORM

Official Use:

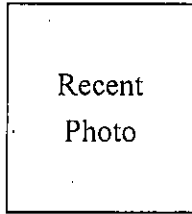
NAME OF ATHLETE:

_____ (in Chinese) _____ (in English)

SEX: _____ BIRTH DATE: D ____ M ____ Y ____

ORGANIZATION: _____

Approximate date of last physical examination: _____



PHYSICAL EXAMINATION

Height: _____ Weight: _____ Pulse: _____ Blood Pressure: _____

Vision: _____ OD: _____ OS: _____ Glasses/Contacts: YES () NO ()

List any metabolic disorders and special diets needed, if any _____

	<u>Normal</u>	<u>Abnormal</u>	<u>Diagnosis & Recommendation</u>
Eyes	_____	_____	_____
Ears	_____	_____	_____
Nose	_____	_____	_____
Throat	_____	_____	_____
Heart	_____	_____	_____
Lungs	_____	_____	_____
Abdomen	_____	_____	_____
Extremities	_____	_____	_____
Neurological	_____	_____	_____

Allergies: YES () NO () List _____

Hernia: YES () NO () Date of last Tetanus Toxoid _____

History of seizures: YES () NO () If yes, type(s) _____

Will athlete require medication during Hong Kong Sports Association for Persons with Intellectual Disability (HKSAPID) & Special Olympics Hong Kong (SOHK) activities? YES () NO () If yes, please complete:

Name of Medication	Exact Dosage	Intervals (Given How Often)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Restrictions, if any _____

I have examined _____ and in my opinion, there is/is not* mental or physical reason why he/she should not participate in the HKSAPID & SOHK Programs. Further information will be forwarded, if required. Special medication, if any, is specified in this application.

*Please delete as appropriate

Information provided will be used and kept confidential by the Association.

Doctor's Signature: _____

Print Name: _____

Address: _____

Telephone: _____ Date: _____