



27th HONG KONG OPEN 2016

YOUTH'S SINGLES REGISTRATION FORM



參賽者姓名

Player Name

:

年齡 / Age

:

國籍 / Nationality :

香港飛鏢會會員編號

HKDA No. (If any)

:

聯絡資料

Contact Information

:

(Mobile)

(E-mail)



Official use only

HK\$ **100.-**

附註：在提交此報名表同時提交有效的自承責任書

Note: Please submit this registration form with valid disclaimer form of participation.

HSBC account: 111-063327-002

Bank in Slip – Stick here





香港飛鏢會

HONG KONG DARTS ASSOCIATION



自承責任書

參加

香港飛鏢公開賽 2016

第一部分--聲明

現謹聲明本人之子女身體健康，可以參加上述的賽事。本人明白本人之子女參加上述活動，純屬自願，一切風險責任蓋由本人承擔。上述活動進行期間發生於本人之子女身上的一切事件，均由本人承擔後果。本人完全知悉，香港飛鏢會及香港飛鏢會之委員會委員或其職員不會接受任何就本人之子女於上述活動期間所受的任何損傷、創傷或死亡而提出的責任追究。本人現免除香港飛鏢會及香港飛鏢會之委員會委員或其職員因本人之子女在活動中所受損傷、創傷或死亡而遭本人，本人之子女的遺產代理人或本人之子女的受供養人申索的賠償責任。

本人會了解上述活動的場地內之任何規則，並承諾當本人之子女參與上述活動期間，本人或本人之委托人會完全負責本人之子女的安全及一切行為操守。

姓名(正楷) : _____ 先生/小姐/女士*

身份證號碼 /
旅遊證件號碼 : _____

聯絡電話 / 電郵 : _____

簽 署 : _____

日 期 : _____

第二部分 — 本人之子女資料

姓名(正楷) : _____ 先生/小姐*

年齡 : _____

身份證號碼 /
旅遊證件號碼 : _____

會員號碼 (如有) : _____

* 刪去不適用者

* 當上述資料轉變，需再填寫及簽署表格。



香港飛鏢會
HONG KONG DARTS ASSOCIATION



Disclaimer
Hong Kong Darts Association

Participation in Hong Kong Open 2016

Part I - Declaration

I, the undersigned, declare that my child / children are physically fit to participate in the Hong Kong Open 2014. I understand that my child / children are participating in the said activity at their own risk and I shall bear full responsibility for any consequences that may arise during the course of the said activity. I am fully aware that the Hong Kong Darts Association or Committee of the Hong Kong Darts Association or staff in the above-mentioned activity accept no formal responsibility or liability for any injury or death caused to my child / children during the said activity. I hereby release and discharge from liability the Darts Association and/or the Committee of Hong Kong Darts Association and/or staff present during the above-mentioned activity from any claims that my child / children representatives, my child children dependants, or I may have for any injury or death so caused to my child / children.

I fully understand all rules of the venue for the above-mentioned activity and I / my child/ children's dependants / representatives will fully and completely be responsible for the safety and behavior of my child / children.

Name of Applicant : * Mr./Miss/Mrs. _____
I.D. / Passport No. : _____
Contact No. / E-mail : _____
Signature : _____
Date : _____

Part II – My children information

Name : * Mr./Miss _____
Age : _____
I.D. / Passport No. : _____
HKDA No (If issued) : _____

* Delete as appropriate

* Please fill and sign again if above information changed.