

C.C.C. MONGKOK CHURCH KAI OI SCHOOL
CIRCULAR NO. 17/173E

To: Parents / Guardian

Date: 1/3/2018

Renew Membership of the Hong Kong Special Olympics

In order to join the sports training programs and competitions held by the “Hong Kong Special Olympics” during this academic year, students must renew the membership before 31st March, 2018. The annual fee is \$20.

Please return the following reply slip, parent/guardian’s approval form and health condition record sheet on or before 6th March, 2018 (Tuesday). For enquiries, please contact Ms Chu Pui Yi at 2393 0119.

Yours faithfully,

(Ms Leung Wun Kam)
Principal



CIRCULAR NO. 17/173E

Reply Slip

Renew Membership of the Hong Kong Special Olympics

To: The Principal

C.C.C. Mongkok Church Kai Oi School

- I * agree my child to renew the membership of the “Hong Kong Special Olympics” with annual fee \$20.
- disagree my child to renew the membership of the “Hong Kong Special Olympics”.
- Reason : _____

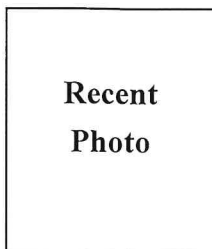
Student Name: _____ (Class: _____)

Signature of Parent / Guardian: _____

Date: _____

* Put a “✓” in the appropriate box.
Please transfer the slip to Ms Chu Pui Yi.

Hong Kong Sports Association for Persons with Intellectual Disability
Special Olympics Hong Kong
Registration for the Athletes (1/4/2018-31/3/2019) – Renewal



Approval of Parent/Guardian
(For Renewal Only)

Athlete no.: (For Official Use only)

I agree _____(English) _____ (Chinese) 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 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 2018/2019 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

Health Condition Record Sheet (For Athlete Renewal)

Name : _____ (Chinese) _____ (English)

Age : 8-15 16-21 22 or above

HKID No./Birth Certificate No.

(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.