



**Team-only Sports Funding - Application Form for Athletes  
(2017-2018)  
隊際球類項目資助-運動員申請表格  
(2017 – 2018年度)**

Please return the completed form to your respective National Sports Association and submit along with other application documents of Team-only Sports Funding to High Performance Administration Department, Hong Kong Sports Institute, 25 Yuen Wo Road, Shatin, Hong Kong.

請將填妥的表格交回所屬體育總會，連同其他隊際球類項目資助的申請文件一併交回香港沙田源禾路25號香港體育學院精英培訓行政部。

**I. Name of Sport 隊際運動項目:** Baseball (Men)

**II. Personal Details<sup>1</sup> 個人資料<sup>1</sup>**

English Name: \_\_\_\_\_ (Surname) \_\_\_\_\_ (Other Name)  
英文姓名: \_\_\_\_\_ (姓氏) \_\_\_\_\_ (名字)

Chinese Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
中文姓名: \_\_\_\_\_ 性別: \* Male男 / Female女 年齡: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (dd/mm/yy) Place of birth: \_\_\_\_\_  
出生日期: \_\_\_\_\_ (日/月/年) 出生地點: \_\_\_\_\_

Nationality: \_\_\_\_\_ Hong Kong ID No.: \_\_\_\_\_  
國籍: \_\_\_\_\_ 香港身份證號碼: \_\_\_\_\_

Residence in HK since: \_\_\_\_\_ (dd/mm/yy) Occupation: \_\_\_\_\_ (\*Full/Part Time)  
居港年期: 自 \_\_\_\_\_ 開始 (日/月/年) 職業: \_\_\_\_\_ (\*全職/兼職)

School (if you are currently studying): \_\_\_\_\_  
學校(如你現正在學): \_\_\_\_\_  
(\*Primary School小學/ Secondary School中學/ Post-Secondary Institute專上教育)

Postal address: \_\_\_\_\_  
通訊地址: \_\_\_\_\_

Day-time contact tel. no.: \_\_\_\_\_  
日間聯絡電話: \_\_\_\_\_

Email address: \_\_\_\_\_  
電郵地址: \_\_\_\_\_

Emergency Contact Person : \_\_\_\_\_ Telephone Number : \_\_\_\_\_  
緊急聯絡人: \_\_\_\_\_ 聯絡電話: \_\_\_\_\_

Squad: Hong Kong National \* Senior /Junior member Position in Team:  
隊別: 香港代表 \*成年/青年隊 隊中擔任位置: \_\_\_\_\_

\* Delete as inappropriate 將不適用的刪去

Remark備註:

1. The personal data provided by means of this form will be used by HKSI for processing your application only. 申請者在此表格內提供之個人資料, 只為用作申請之用途。

**III. 2017-18 (Nov 2017 – Oct 2018) Training programme** (To be agreed by your Coaching Supervisor)  
**2017-18 年度 (2017 年 11 月 – 2018 年 10 月) 訓練計劃** (須獲教練同意)  
*Please state venue, frequency, duration, months on total, etc.*  
請說明地點、訓練總月數、每周次數、每次訓練時間等。

**IV. 2017-18 (Nov 2017 – Oct 2018) Competition plan** (To be agreed by your Coaching Supervisor)  
**2017-18 年度 (2017 年 11 月 – 2018 年 10 月) 比賽計劃** (須獲教練同意)  
*Please state name of competition, date, place, targets to be achieved.*  
請說明比賽名稱、項目、日期、地點、目標等。

**V. Declaration 聲明書**

I declare that the information I have provided in this application is true and correct. I understand that breach of terms in the Agreement set in this funding support programme might result in cessation of funding and a refund in whole or in part of the payment.

本人保證上述資料全屬確實無訛。本人明白若違反本資助計劃協議內容，貴院可削減或停止資助，並可要求退回全部或部份已支付的款項。

Signature of applicant:

申請人簽署: \_\_\_\_\_

Date:

日期: \_\_\_\_\_

Name of applicant:

申請人姓名: \_\_\_\_\_

**VI. Parental/Guardian Consent (For applicants under 18 years old)**

家長/監護人同意書 (適用於 18 歲以下申請人)

(To be completed by parent/guardian) (由家長/監護人填寫)

I consent to my child/ward, \_\_\_\_\_ (Name) to receive the Team-only Sports Funding, and I \*agree/do not agree to let \*him/her attend training and competitions as per the submitted schedule from the National Sports Association. I understand that breach of terms in the Agreement set in this funding support programme might result in cessation of funding and a refund in whole or in part of the payment.

本人同意\_\_\_\_\_ (姓名)，接受隊際球類項目資助，及\*同意/不同意讓\*他/她按照其體育總會所提交的計劃進行訓練及比賽。本人明白若違反本資助計劃協議內容，貴院可削減或停止資助，並可要求退回全部或部份已支付的款項。

Signature of parent/guardian:

家長/監護人簽署：\_\_\_\_\_

Name in BLOCK letters:

姓名 (請用正楷)：\_\_\_\_\_

Relationship:

與申請人關係：\_\_\_\_\_

Address (if different from applicant):

地址 (如與申請人地址不同)：\_\_\_\_\_

Day-time contact tel. no.:

日間聯絡電話：\_\_\_\_\_

**VII. Endorsement by the National Sports Association (NSA) 體育總會推薦**

(To be endorsed and signed by a senior official e.g. President, Chairman, Hon Secretary of the NSA) (由申請人所屬體育總會一名委員：會長/主席/名譽秘書批核及簽署)

Name of Association:

總會名稱：\_\_\_\_\_ Hong Kong Baseball Association 香港棒球總會

Name of Official: (Eng)

總會委員姓名：(英文)

(Chi)

(中文)

(\*Mr/Ms/Miss)

(\*先生/女士/小姐)

Position at NSA:

在總會之職位：\_\_\_\_\_

Address:

地址：\_\_\_\_\_ Room 1003, 1/F., Olympic House, 1 Stadium Path, Causeway Bay, Hong Kong

Contact No.:

聯絡電話：\_\_\_\_\_ 2504 8330

Fax No.:

傳真號碼：\_\_\_\_\_ 2504 4663

Email:

電郵地址：\_\_\_\_\_ hkbsa@hkolympic.org

\* \* \* \* \*

I hereby certify that the information given above is true and correct and I *\*endorse/do not endorse* the application.

本人證實以上資料均為確實無訛，並 \*推薦 / 不推薦 申請人之申請。

*Please state reason(s) if you do not endorse the application. 若不推薦，請說明原因：*

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Signature of Official :

總會委員簽署：\_\_\_\_\_

Date:

日期：\_\_\_\_\_

Association's Chop:

總會印章：\_\_\_\_\_