

To: The Baseball Association of Hong Kong, China

HONG KONG - NEW ZEALAND U15 BOYS BASEBALL EXCHANGE PROGRAMME
PARTICIPATION INTENTION AND CONSENT FORM

Uploading the form with 1. Copy of HKID and 2. Copy of HKSAR Passport to the BAHKC office on or before 12:00 on 3 March 2024 via online form: <https://forms.gle/AFcs7kFZSrEoDUAK>
Late submission will not be accepted.

I, the undersigned, declare that I am the parent/legal guardian of the following minor (the Applicant). I give my consent for the Applicant to participate in the following event and take part in the evaluation and interview. We understand that the Applicant has to travel with the team. A violation of any rule, or regulation, BAHKC has the right to remove the participation of the Applicant. We have to return all collected materials for the event and compensate for the loss, but not limited to, the advanced booking of air ticket, accommodation, etc. No refund for any payment made to BAHKC.

Event Name: Hong Kong - New Zealand U15 Boys Baseball Exchange Programme
Event Date: 28 March - 4 April 2024
Event Place: Auckland, New Zealand

Notes: Details of the event including date and place are subject to the final decision of the organizer.

Applicant Personal Particulars

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

Contact No.: _____ BAHKC Membership No.: A18 _____

Sex: _____ Date of Birth: _____ HKID No.: _____
(DD/MM/YYYY)

Passport Type: _____ Passport No.: _____ Passport validity: _____
(DD/MM/YYYY)

Weight (kg): _____ Height (cm): _____ Throw (R/L): _____ Bat (R/L): _____

Address: _____

Allergies / Dietary Restrictions

The information helps us to ensure a safe experience for the Applicant. We urge the Parent/Guardian to be completely thorough in providing BAHKC with the information requested. Failure to disclose any required information could be harmful to the Applicant and also our trip. Information provided will be kept in strict confidence.

* Allergies Yes No If Yes, please specify: _____

*Medication: Yes No If Yes, please specify: _____

*Dietary restrictions Yes No If Yes, please specify: _____


Other Please specify: _____

Declaration and Disclaimer

I, the undersigned, confirm and agree that the above Applicant shall comply with all relevant rules, regulations, ad-hoc arrangements, and/or decisions made by the organizers. I understand that by participating in the event there are risks of injury, death and or loss and I/he/she enter the event of my/his/her* own free will. I assume full responsibility for myself/himself/herself*, my/his/her family, my/his/her* heirs, executors, and administrators, and forever release, discharge and hold harmless the organizers and/or any supporting organisations from and against any and all rights and claims for damages & causes of suit or action with respect to my/his/her participation in the event.

I certify that the information provided above is true and correct and he/she* is healthy, physically fit and suitable to participate in this activity. I give my consent for the Applicant to travel with the officials that appointed by the BAHKC for the event. I give permission for the personnel designated by the BAHKC to administer the medication(s) and/or medical treatment to the Applicant according to practitioner's and/or my instructions, as appropriate and necessary.

In consideration of participation in the event to be organized by the BAHKC, the undersigned agrees that the likeness or the likeness of the Applicant/ward may be photographed or videotaped and that such image may be used in BAHKC's publications, including its website or social networking platforms to promote or publicize the sports or event.

Parent's/Guardian's Signature: _____  Date: _____
(For Applicant who is below the age of 18, parent's/guardian's declaration and signature are required)

Name of Parent/Guardian: _____ Emergency Contact No.: _____
(Name in block letter)