The 5th Hong Kong Transplant and Dialysis Games Enrolment and Physician Endorsement Form

Part 1: Participant Information (to be completed by the participant)

Name: (Surname) ____________________ (First Name) ______________________

Gender: □ Male    □ Female    Date of Birth: _______________(dd/mm/yyyy)

Region: □ Hong Kong    * HKID / Birth Certificate / Passport No.: _______________________

□ China ______(Province/City)    * Resident ID Card / Passport No.: _______________

□ Overseas team ______(Country)    * Passport No.: _______________________

* Only required to fill in the first 4 digits of the identity document number (including letters and numbers)   * Please delete as appropriate.

Please provide HKID / Birth Certificate / Resident Identity Card / Passport for verification at the time of enrolment or registration.

Residential address: ____________________________________________________________________

Contact Number: _________________ Email: _____________________ Hospital: ______________________

□ Organ transplant recipients:

□ Heart    □ Lungs    □ Liver    □ Kidney    □ Bone Marrow    □ Cornea    □ Others (please specify): __________

□ Living donation / □ Deceased donation    Transplant received: (Month / Year) ________________

□ Dialysis Patients    Categories: □ Peritoneal Dialysis    □ Haemodialysis

□ Living donor [Organ Donated: _______Recipient: _______ Relationship: ______ Year of donation: _______]

□ Deceased donor's family    (* Please delete as appropriate)

[* Organ donated: _______ / Cornea

Name of donor: _______________ Relationship with donor: _____________ Year of donation: ________]

□ Healthcare workers [* Doctors / Nurses / Physiotherapists / Others]

Name of emergency contact : _______________ Relationship: _______________ Phone no.: _______________

Address: ____________________________________________________________________________

One T-shirt will be provided.   Please choose your size:

<table>
<thead>
<tr>
<th>Size</th>
<th>Bust (cm)</th>
<th>Shirt Length (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 110</td>
<td>30cm</td>
<td>39cm</td>
</tr>
<tr>
<td>Child 130</td>
<td>34cm</td>
<td>42cm</td>
</tr>
<tr>
<td>XXS</td>
<td>39cm</td>
<td>42cm</td>
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<td>XS</td>
<td>44cm</td>
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<td>63cm</td>
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<td>51cm</td>
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<td>54cm</td>
<td>74cm</td>
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<td>XL</td>
<td>57cm</td>
<td>77cm</td>
</tr>
<tr>
<td>XXL</td>
<td>60cm</td>
<td>80cm</td>
</tr>
</tbody>
</table>
Part 2: Declaration of Participant's Responsibility (To be completed by the participant)

I, ___________________________ (Name in Chinese) ___________________________ (English)

☐ Hong Kong  
   ^ * HKID / Birth Certificate / Passport No.: ______________________

☐ China ____________________ (Province/City)  
   ^ * Resident ID Card / Passport No.: ____________

☐ Overseas team ___________________ (Country)  
   ^ Passport No.: ______________________

(Please ✓ in the appropriate box ☐)  
* Please delete as appropriate.

^ Only required to fill in the first 4 digits of the identity document number (including letters and numbers)

declare my voluntary participation in the 5th Hong Kong Transplant and Dialysis Games organized by the Hong Kong Transplant Sports Association, including the competition events to be held on:

10 October 2024 at Belair Bowling Center, Sha Tin / Kowloon Park Sports Centre;
11 October 2024 at Tseung Kwan O Sports Centre / Shek Kip Mei Service Reservoir Playground;
12 October 2024 at Yuen Chau Kok Sports Centre / Tseung Kwan O Sports Centre / Tseung Kwan O Swimming Pool / Tseung Kwan O Sports Ground; and
13 October 2024 at Tseung Kwan O Sports Ground.

I declare that:

I am in good health and fitness and I have practised and am familiar with the operation of the events for which I have signed up, and I am aware of the difficulty of the events for which I have signed up and have decided to participate. I am aware that I should assess my fitness for the competition in the light of my physical strength and health condition, and will not disregard the safety of the competition which may result in injury to my body or health.

The amount of exercise I regularly participate in is as follows:

Aerobic exercise ______ time(s) per week, and ______ minutes each time.

Exercise items include: ____________________________________________________________

(The organizer recommends no less than 20 minutes of aerobic exercise 3 times a week for cardiorespiratory fitness).

I understand the following agreement with the Games’ organizers:

(1) During the Games, I agree to be interviewed, photographed and filmed by the media, and I also agree to allow the organizers to use it for public promotion purposes.

(2) The organizers and personnel of the Games are not responsible for any physical or mental injuries caused by any irregularities during the Games.

(3) During the period of the Games, I undertake that I will not engage in any behaviors that will damage the image and reputation of the organizers.

Signature: ___________________________ Date: ___________________________

If the participant is under 18 years of age, the parents/guardian must sign this declaration.

Signature: ___________________________ Date: ___________________________

Name of Parent / Guardian: ___________________________
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Part 3: Certification of Health Status by Attending Physician (To be completed by the participant’s attending physician)

(Applicable to organ transplant recipients and dialysis patients only. Must be signed by the attending doctor and submitted before 20 July 2024)

Participant’s information (Please ✓ in the appropriate box □ )

Name__________________________________________ (Chinese)___________________________(English)

Gender: □ Male / □ Female Date of Birth: ______________________ (dd/mm/yyyy)

Region: □ Hong Kong HKID / Birth Certificate / Passport no.: ______________

□ China ________ (Province/City) Resident ID Card / Passport no.: __________

□ Overseas team ______________ (Country) □ Passport no.: __________

^ Only required to fill in the first 4 digits of identity document (including letters and numbers). * Please delete as appropriate.

Affiliated Hospital: __________________________

The participant is:

□ Transplant Recipient Transplanted Organ: ______ Date: ______ (mm/yyyy)

□ Living Donation: ________ (Relationship) / □ Deceased Donation

□ Dialysis Patient Category: □ Peritoneal Dialysis □ Haemodialysis

Start dialysis in ________________ (mm/yyyy)

Participant’s health Information:

Diabetes: □ Yes / □ No Blood Pressure: _____________________________

Food or drug allergies: □ Yes / □ No (If yes, please specify) ________________

Cardiac Exercise Test Results (Please attach report) Date: __________________

Lung Function Test Results (Please attach report) Date: __________________

The name and dosage of the medication being taken:

1 ........................................... 2 ........................................... 3 ..............................

4 ........................................... 5 ........................................... 6 ..............................

7 ........................................... 8 ........................................... 9 ..............................
The 5th Hong Kong Transplant and Dialysis Games Enrolment and Physician Endorsement Form

Competitions / Participating events:

1 ............................................... 2 ............................................... 3 ............................................... 4 ............................................... 5 ............................................... 6 ............................................... 7 ............................................... 8 ............................................... 9 ............................................... 

Below is a reference of the Event Load for the 5th Hong Kong Transplant and Dialysis Games:

<table>
<thead>
<tr>
<th>Low load Events</th>
<th>Medium Load Events</th>
<th>High Load Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petanque</td>
<td>Table Tennis</td>
<td>High Jump</td>
</tr>
<tr>
<td>Ball throw</td>
<td></td>
<td>Long Jump</td>
</tr>
<tr>
<td>Racewalk</td>
<td></td>
<td>Running</td>
</tr>
<tr>
<td>Ten Pin owling</td>
<td></td>
<td>Badminton</td>
</tr>
<tr>
<td>Gate ball</td>
<td></td>
<td>Swimming</td>
</tr>
<tr>
<td>darts</td>
<td></td>
<td>Road Race</td>
</tr>
<tr>
<td>Lawn Bowl</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This medical practitioner has assessed the above person's participation in the competition of the 5th Hong Kong Transplant and Dialysis Games and confirmed that his/her health condition is

☐ Suitable / ☐ Not suitable

for participating in ☐ All items or ☐ *1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 above. (* Please delete the inapplicable options)

Signature of doctor: __________________________

Doctor's Name: ________________________________

Date: ________________________________