

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:

	<input type="checkbox"/> Child 110	<input type="checkbox"/> Child 130	<input type="checkbox"/> XXS	<input type="checkbox"/> XS	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL
Bust	30cm	34cm	39cm	42cm	45cm	48cm	51cm	54cm	57cm
Shirt	44cm	50cm	63cm	65cm	67cm	69cm	71cm	74cm	77cm

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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

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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:

Low load Events	Medium Load Events	High Load Events
Petanque	Table Tennis	High Jump
Ball throw		Long Jump
Racewalk		Running
Ten Pin owling		Badminton
Gate ball		Swimming
darts		Road Race
Lawn Bowl		

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: _____