

鑒於2019冠狀病毒病疫情，香港壁球總會(簡稱“本會”)將於是項活動實施防疫措施及特別安排旨在針對參與人士受感染的風險。敬請閣下如實填寫以下表格，並於活動前交回於活動登記處的工作人員或以傳真(852-28690118) / 電郵(league@hksquash.org.hk)方式遞交本會辦事處。如閣下未能填妥本表格或確認本表格所列出的事項，閣下將可能不會獲准進入本活動場地。Given the COVID-19 pandemic, Hong Kong Squash (“the Association”) will implement precautionary measures and special arrangements at this activity with a view to addressing the risk to attendees of infection. Please complete this form to the best of your knowledge and return it to the staff at the registration counter at the activity venue OR fax (852-28690118) / email (league@hksquash.org.hk) to Hong Kong Squash Office prior to the activity. You may not be granted access to the activity venue if you fail to complete this form or confirm the matters as set out in this form.

甲部 Part A

請填妥下列資料 Please complete the following :

全名Full Name: _____ 聯絡電話 Contact No.: _____ 體溫Temperature: _____

活動種類Type of Activity: 訓練班Training 聯賽League 賽事Competition 課程Course 其他Other: _____

乙部: 聲明 Part B: Declaration

本人申報、聲明及同意如下 I hereby declare and agree that:

- (1) 本人現時及在活動日期前 14 日內並無以下任何 2019 冠狀病毒病的常見病徵: 包括發燒、乏力、乾咳、呼吸困難、鼻塞、頭痛、結膜炎、喉嚨痛、腹瀉、喪失味覺或嗅覺、皮疹或手指或腳趾變色。I do not have and have not had within 14 days prior to the date of activity any of the common symptoms of Coronavirus Disease 2019 (COVID-19) – such as fever, malaise, dry cough, shortness of breath, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell, skin rash or discoloration of fingers or toes.
- (2) 本人現時不受政府發出的檢疫令的管限。I am not currently subject to any quarantine order issued by the Government.
- (3) 本人並未曾與任何曾離開香港而現時受政府發出的檢疫令管限的任何人士有*密切接觸，尤其是家人、家庭傭工及司機。I have not been in *close contact with any person who has travelled outside Hong Kong and is currently subject to a quarantine order issued by the Government, in particular family members, helpers or drivers.
- (4) 本人並未在活動日期前 14 日內，與任何確診或懷疑確診 2019 冠狀病毒病人士(無論在香港或海外)有*密切接觸。I have not been in *close contact with any person who is a confirmed or preliminary positive case of COVID-19 infection in Hong Kong or overseas within 14 days prior to the date of activity.
- (5) 本人並未曾在活動日期前 14 日內，於衛生防護中心發佈的 2019 冠狀病毒病確診個案所在的大廈居住。I do not live in a building in which there has been a confirmed case of COVID-19 within 14 days prior to the date of activity as published by the Centre for Health Protection.
- (6) 本人無需按強制檢測公告或指示接受 2019 冠狀病毒病檢測 / 本人曾經按強制檢測公告或指示接受 2019 冠狀病毒病檢測而檢測結果為陰性。I am not required to undergo COVID-19 testing pursuant to a compulsory testing notice or direction / I have undergone COVID-19 testing pursuant to a compulsory testing notice or direction and the result is negative.
- (7) 如此申報表是於活動日前遞交而之後情況有變，本人應於活動前或活動時向本會申報。If this form is submitted prior to the day of my activity, I should notify the Association in circumstances prior to or at the time of my activity.

*“密切接觸”是指直接接觸、居於同一家庭、乘坐同一車輛或飛機、或有近距離社交接觸，例如同進餐。以上僅列舉部分例子以作參考。如有懷疑，本會建議閣下應採取謹慎做法，即避免參與是次活動。“Close contact” generally means having direct physical contact, living in the same household, travelling in the same vehicle or flight, having social contact in close proximity such as dining together. The above examples are not exhaustive. If you are in doubt, we advise that you are on the side of caution and refrain from participating in this activity.

本人聲明據本人所知及所信，以上資料均屬正確無誤，並同意按下文之收集個人資料聲明所述使用本人所提供資料，包括協助應對 2019 冠狀病毒病蔓延的接觸追蹤或其他工作及相關的用途。本人明白根據活動規則，提供虛假、不完整或誤導訊息將被取消資格。

I confirm that the above information is accurate to my best knowledge and agree that such information will be processed and used as described in the Personal Information Collection Statement below, including the facilitation of any contact tracing or other work in controlling the spread of COVID-19 and related purposes. I understand that according to the activity rules and regulations, I shall be subject to disqualification for giving false, incomplete or misleading information.

簽名Signature: _____

日期Date: _____

收集個人資料聲明: 閣下須提供在此表格中收集的所有資料，以用於本會預防傳染病發生或傳播相關之工作。若閣下未能提供所有資料，本會將無法評估閣下是否適合參與是項活動，而閣下將可能不會獲准進入活動場地。所有資料只會在閣下同意或在《個人資料(私隱)條例》允許的情況下，向其他人

士或機構作出披露。所有收集的資料將在活動結束後21天內銷毀。閣下有權按照《個人資料(私隱)條例》要求查閱及/或更正閣下的個人資料，而有關要求須以書面形式向本會提出。

Personal Information Collection Statement: Your supply of all information collected in this form is required for the purpose of the Association's prevention of the occurrence or spread of Infectious Diseases. If you fail to provide the information, the Association will not be able to assess your suitability to participate in this activity and you may not be granted access to the activity venue. The information will only be disclosed to other parties or authorities with your consent or where it is permitted under the Personal Data (Privacy) Ordinance. All information collected will be destroyed in 21 days after the activity. You have the right to request access to and/or correction of your personal data in accordance with the provisions of the Personal Data (Privacy) Ordinance, and any such request should be made in writing and addressed to the Association.