Parent/Guardian Consent Form – Minor Participant (Church Team)
未成年教會隊員參賽家長／監護人同意書
CCM Cup Charity Table Tennis Tournament 2026
中信杯乒乓球慈善賽 2026
Organized by CCM Vancouver Centre
中信溫哥華中心主辦

This form must be completed for all participants under age 19 joining through a church team.
此表格適用於所有未滿十九歲、以教會隊伍身份參加之兒童或青少年。

Child's Information

參賽兒童資料

Surname 姓: _____

Given Name 名: _____

Gender 性別: ☐ M 男 ☐ F 女

Age 年齡: _____ **Date of Birth 出生日期:** _____

Church Team Name 教會隊伍名稱: _____

Medical or Special Conditions
醫療或特殊情況

Please list any relevant medical or special conditions we should be aware of:
請列出任何我們應知悉的醫療或特殊情況：

☐ Food Allergies 食物敏感: _____

☐ Medicine Allergies 藥物敏感: _____

☐ Other Allergies 其他敏感: _____

Emergency Contact (Parent/Guardian)
緊急聯絡人（家長／監護人）

1. **Name 姓名:** _____ **Relationship 關係:** _____
   Phone 電話: _____
2. **Name 姓名:** _____ **Relationship 關係:** _____
   Phone 電話: _____

Consent and Waiver

同意及免責聲明

I, the undersigned parent/guardian of the above-named minor (under age 19), give permission for my child to participate in the CCM Charity Silver Jubilee Cup organized by CCM Vancouver Centre. I understand and agree to the following:
本人為上列未滿十九歲之參賽者之家長／監護人，同意其參加由中信溫哥華中心主辦的中信慈善銀禧盃。本人明白並同意以下條款：

1. **Supervision Responsibility** 監督責任
   My child is joining as part of a church team. I acknowledge that CCM Vancouver Centre is not responsible for the supervision, transportation, or pick-up of my child before or after the event. The church team leaders and/or parents will assume full responsibility.
   我的孩子以教會隊身份參加比賽。我明白中信溫哥華中心不負責比賽前後之接送或看管安排，此責任由教會隊或家長承擔。

2. **Liability Waiver** 免責聲明
   I waive all claims against CCM Vancouver Centre and its staff, volunteers, and representatives for any injuries, losses, or damages arising during the tournament.
   本人放棄對中信溫哥華中心及其職員、義工或代表因比賽期間任何損傷、損失或財產損壞所提出之索償。

3. **Medical Emergency** 緊急醫療授權
   I authorize CCM Vancouver Centre to disclose my child's health info to emergency personnel and consent to emergency treatment if necessary. I assume financial responsibility.
   本人授權中信溫哥華中心在緊急情況下向救護人員提供子女健康資料，並同意其接受所需急救。本人承擔所有費用。

4. **Media Release** 媒體使用同意
   I permit CCM Vancouver Centre to use my child's photo, video, or voice for promotional purposes without compensation.
   本人同意中信溫哥華中心使用孩子之照片、錄影或聲音作宣傳用途，並不作任何形式之酬勞。

5. **Accuracy of Information** 資料準確性
   I certify that the information provided is complete and accurate. I will update CCM Vancouver Centre of any changes.
   本人保證所提供資料準確無誤，並承諾如有變更會及時通知中信溫哥華中心。

☐ I Agree 我同意以上條款

Parent/Guardian Name 家長／監護人姓名: _____

Signature 簽署: _____

Date 日期: _____

Primary Phone 聯絡電話: _____

A signed copy of this form is required for all participants under age 19.
未滿十九歲之參賽者必須提交已簽署之本表格方可參加比賽。