

Organized by Hong Kong Federation of Roller Sports Subvented by Leisure and Cultural Service Department

2019 Hong Kong Inline Hockey Junior Open



Enrollment Form		
(Each player have to fill in an enrollment form)		

Name: (Chinese)		(English)
Date of Birth:	HKID Number:	Contact Number:
(For verification, please s	ubmit the copy of your HKID	D with the Enrollment Form.)
Emergency Contact: (Nar	ne)	(Contact Number) :
Email: (All information will be a		
(All information will be a	nnounced by Email.)	
Name of Teammates: (4 p	layers/Team)	
(1)	(2)	(3)
Category : U	10	
(F		ants/Guardians Consent Form , their parent/guardian's signature should be obtained.)
I, () (H	HKID No) agree the applicants name
() to participate in 2019 F	Hong Kong Inline Hockey Junior Open which organized by the Hong Kong
Federation of Roller Spor	ts Limited. We understand ar	nd agree to follow the Instructions, Rule and Regulations, Decision made by
the Organizer. We unders	tand Organizer reserves the r	ight to decline any enrollment and modify the above information.
I have been examin	ed by a doctor and certified	as physically fit for participating in this activity. Hong Kong Federation of
Roller Sports Limited sha	ll not be liable for any injury	or death I may suffer in this activity.
Remark: All the informati	on will only use for this com	upetition and promotion. If you would like to revise the information of above
•		tate to contact us. I understand and agree to submit the copy of my HKID for
enrollment purpose.		
* Please delete the inappli	cable.	
Signature of Applicant: _		Signature of Parent or Guardian:
Date:		(Relationship):
fax to our (2. Post : Complete the form	he form, submit with the copy of Office. n, submit with the copy of paym	of payment proof and related document by email or nent proof and related document and post it to our
Office. We do no	t accept underpaid mail application	ion and do not responsible for any loss of mail application.

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