

The 9th Hong Kong Games Skateboarding Competition

Organised by the Sports Commission Co-ordinated by the Community Sports Committee Co-organised by the Leisure and Cultural Services Department, the Sports Federation & Olympic Committee of Hong Kong, China and the Hong Kong China Federation of Roller Sports and Skateboarding

[Enrolment Form]

Name: (Chinese)	(English)
Date of Birth:	Identity Document No.: Contact Number: Note: The Participant shall submit a copy of his/her identity document together with the enrolment form for verification.
	region: Hong Kong Island Kowloon East Kowloon West New Territories East New Territories West
	Emergency Contact: (Name) (Contact Number) :
Please put a " \checkmark " in t Event :	ne appropriate box. Street Dark
	Aged 5 - 9 (Men) Aged 5 - 9 (Women) <participants 5="" above="" be="" competition="" day="" must="" on="" or="" the="" year-old=""> Aged 10 - 15 (Men) Aged 10 - 15 (Women) Aged 16 or above (Men) Aged 16 or above (Women)</participants>
	Participants / Guardians Consent Form (For a participant aged under 18, his/her parent/guardian must sign this consent form)
the participant () (HKID No) *Agree / Disagree to the participation of) in the 9th Hong Kong Games Demonstration Competition for Urban Sports - declare that all the information provided above is true and correct. *I / The participant

Skateboarding and declare that all the information provided above is true and correct. ***I** / **The participant** understand/understands and am/is willing to comply with the guidelines, rules and ordinance as well as the decisions made by the Organiser, and understand/understands that the Organiser reserves the right to amend the competition details. ***I** / **The participant** understand/understands and agree/agrees that the copy of the above identity document is used for verification, and agree/agrees to authorise the Organiser to use my/the participant's appearance, names, voice, and personal particulars provided solely for the enrolment and publicity relating to the recreation and sports activities organised.

The participant is healthy and physically fit to participate in the above activity.

*Please delete as appropriate

Date:

Signature of Participant:

Signature of Parent or Guardian:

Relationship with Participant: