



Mini & Junior Hockey Promotion Scheme 2014/2015

**Organized by Hong Kong Hockey Association &
Subvented by Leisure and Cultural Services Department**



Youth Hockey Tournament: 12 to 18 years old

Mini Hockey Tournament: 4 to 11 years old

| | | | | | | |
|--|----------------------------|-----|---------------------|------------------------------|------|--|
| Phase IV –Tournament (5-a-side) | | | | | | |
| 4 | 24 th May, 2015 | Sun | 12:30pm - 6:00pm | King's Park Hockey Ground | Free | |

Entry: Please complete the application form and email it to petercheung@hockey.org.hk (Mr. Peter CHEUNG). For any enquiries, please feel free to contact HKHA at 27824932 for more information.

Application Form

Name: _____ (Chinese) _____ (English)

Date-of-Birth: _____ ID No.: _____ Sex: _____

All players must be between 4 - 11 of age for Mini Hockey Tournament and 12 – 18 for Youth Hockey Tournament. The date-of-birth of all players should be in the range between 1 Jan 2011 and 1 Jan 2004 (inclusive both days) for mini hockey tournament. For youth hockey tournament, the date-of-birth of all players should be in the range between 1 Jan 2003 and 1 Jan 1997 (inclusive both days).

Please select the phase: Phase 4 mini hockey tournament:

Phase 4 youth hockey tournament:

I have been participated in the JHPS Phase 1, 2 or 3 Yes/No

Address: _____

Email: _____ (Acceptance of application and details will be sent by email only)

Tel: _____ School: _____

Declaration (This consent form should be completed by parents/guardians of participants under the age of 18)

I certify that I am/participant is physically fit and sufficiently trained, and have not been otherwise advised by a qualified medical practitioner in the course. I/participants understand that I am /participant is participating in the event at own risk and responsibility. I hereby explicitly agree to abide by all rules and conditions of the Organizer. I hereby discharge the organizer and any other individuals or organization connected directly or indirectly with this course from my responsibility in the course of loss of property, injury or death incurred during, as a consequence of or while travelling to or from the course

Name of Parent/Guardian of the Applicant: _____ Signature: _____

Signature of the Applicant: _____ Date: _____ Emergency Contact No.: _____

Remarks: All the information that you provide for us is use for the above event. If you have any query, please feel free to contact our association staff.