

To: Parent/Guardian

**Women's National U15 Hockey5s Competition Trials**  
**Parental Consent Form**

We are pleased to announce the opportunity for your child to participate in the trials for the upcoming Women's National U15 Hockey5s Competition in Gansu, China from 13 to 21 July, 2025. The team will depart two days before the tournament and return the day after.

**Trial Details**

Dates: 16 June 2025 (Monday)

Time: 16:30 – 18:00

Dates: 19 June 2025 (Thursday)

Time: 18:30 – 20:00

Venue: Happy Valley Recreation Ground No. 11

Coach: Coby LAU

Trialists need to attend at least 1 out of 2 sessions

**Eligibility**

Players must be born between 1 January 2010 and 31 December 2012, valid Mainland Travel Permit or China visa holders.

**Attendance**

If your child is unable to attend training sessions, please provide a reason beforehand. Late reasons will not be accepted and will be marked as absent.

**Consent of Parent or Legally Appointed Guardian of Minor**

I declare that I am the parent / legally appointed guardian\* of \_\_\_\_\_. I hereby consent to \_\_\_\_\_ taking part in the trials for Women's National U15 Hockey5s Competition and acknowledge that he/she does so at his/her own risk and that neither the HockeyHK nor any officials or shall be held responsible for any incident, accident or injury sustained by him/her. \*Delete as appropriate

Name (*print*): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CONTACT DETAILS FOR EMERGENCY**

I hereby give my consent for representatives of the HockeyHK to contact the following persons in case of emergency:

Name	
Relationship to Player	
Phone Number (Mobile)	

致 家長/監護人：

**女子全國青少年U15曲棍球5人賽選拔**  
**家長或監護人同意書**

我們很高興宣布您的子女有機會參加 2025 年 7 月 13 日至 21 日在中國甘肅舉行的女子全國青少年 U15 曲棍球 5 人賽的選拔。隊伍將在比賽前兩天出發，並在比賽結束後一天返回。

**選拔詳情**

日期：六月十六日 (星期一)

時間：16:30 – 18:00

日期：六月十九日 (星期四)

時間：18:30 – 20:00

地點：跑馬地遊樂場 11 號場地

教練：Tsoanelo PHOLO

球員須參加至少 1 節選拔

**資格參加**

球員必須為 2010 年 1 月 1 日至 2012 年 12 月 31 日出生，並持有有效的港澳居民來往內地通行證或中國簽證。

**出席要求**

如果您的子女無法參加訓練或比賽，請提前提供理由。遲交理由將不被接受，並標記為缺席。

**18歲以下球員家長或監護人同意書**

本人確認為球員\_\_\_\_\_的家長/監護人。本人同意球員\_\_\_\_\_參與女子全國青少年U15曲棍球5人賽選拔及知悉球員會自行承擔一切風險，而中國香港曲棍球總會或其工作人員將不會為球員因參與活動而基於任何原因所蒙受或招致的任何損失、損毀、受傷或支出負上責任。

姓名 (正楷): \_\_\_\_\_ 簽署: \_\_\_\_\_

日期: \_\_\_\_\_

**緊急聯絡資料**

本人同意中國香港曲棍球總會的負責人於緊急情況下聯絡以下人士:

姓名	
與球員的關係	
聯絡電話號碼(手提電話)	