

To: Parent/Guardian

Open Trials for Women's Winter League 25/26 Bauhinia Team

Parental Consent Form

We are pleased to announce the opportunity for your child to participate in the trials for the Open Trials for Women's Winter League 25/26 Bauhinia Team.

Trial Details

Dates: 25, 28 August 2025 (Monday, Thursday)

Time: 18:00 – 19:30

Venue: Happy Valley Recreation Ground No. 11

Coaches: Coach Pholo / Coach Coby

Trialists must attend at least 1 out of 2 sessions

Eligibility

Between the ages of 12 & 21 - HKSAR passport / non HKSAR passport holders born between 1 January 2004 and 31 December 2013.

Selection Criteria

The final squad selection will be announced in due course, based on the national selection criteria as published on the HockeyHK website.

Attendance

If your child is unable to attend trial 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 Winter League 25/26 Bauhinia Team 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 (Mobile)	
Email	

致 家長/監護人：

女子冬季聯賽 25/26 Bauhinia 隊公開選拔
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女子冬季聯賽 25/26 Bauhinia 隊公開選拔。

選拔詳情

日期： 2025 年 8 月 25 日 星期一
時間： 18:00 - 19:30
地點： 跑馬地遊樂場 11 號場地
教練： Tsoanelo PHOLO

選拔標準

女子 Bauhinia 隊最終選拔會依據中國香港曲棍球總會網站上發布的選拔標準，結果會於稍後公佈。

資格參加

球員必須於 2004 年 1 月 1 日至 2013 期間年 12 月 31 日出生，不限於持有香港特別行政區護照之人士。

出席要求

如果您的子女無法參加訓練，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_____參與女子冬季聯賽 25/26 Bauhinia 隊公開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)	
電郵	