

2024-25 年度賽馬會五人足球盃(學校組) - 高等院校組別
2024-25 Jockey Club Futsal Cup (School Division) - Higher Education Division

參賽同意書
Consent Form

本校將派隊參與 2024-25 年度賽馬會五人足球盃(學校組) - 高等院校組別，參賽資料如下：

The College will participate in the 2024-25 Jockey Club Futsal Cup (School Division) - Higher Education Division, details are as follow:

院校名稱 (中文) : _____

College Name (English) : _____

參賽院校可申請報名多於一個組別，請於以下表格選擇參賽之組別並填上“√”號。

Each College can apply for more than 1 division. Please indicate with a “√” in the designated division.

組別 Division
<input type="checkbox"/> 高等院校男子 25 歲以下組別 Mens' U25, Higher Education
<input type="checkbox"/> 高等院校女子 25 歲以下組別 Womens' U25, Higher Education

本院校/球隊願意遵守賽事章則及所有之判決。本院校/球隊亦會為各球員購買活動保險及已獲球員的家長或監護人的同意，其子弟身體健康，適宜參與本賽事。本院校/球隊同意院校提供之聯絡資料可用作為足總聯絡之用，並同意由足總發放有關資料予其他參賽球隊作聯絡之用途。此外，本院校/球隊確認所提供予足總有關院校、聯絡人、賽事監督員及參賽球員資料正確，並同意供足總作本賽事運作用途。

My COLLEGE/TEAM guarantees to obey all the rules & regulations of this competition and decisions of the relevant committee. My COLLEGE/TEAM has arranged our own insurance coverage for the players and got the consent from the parent or guidance of the players that their children are healthy and suitable to participate in this competition. My COLLEGE/TEAM agreed that the contact information provided to HKFA will be used by HKFA and shared to other participating teams for the communication purpose. My COLLEGE/TEAM confirmed that the information of college, contact person, team supervisors and players provided to HKFA is correct and agreed HKFA to use for the purpose of and in relation to the daily operation for the competition.

院校負責人姓名
Name of Person in charge

院校負責人簽署
Signature of Person in charge

院校蓋章
Seal of College

日期
Date