

Organised by the Hong Kong Basketball Association  
Subvented by the Leisure and Cultural Services Department

Co-organised by Education Bureau

School Sports Programme

Outreach Coaching Programme – Basketball Competition for Primary Schools

★Application Form★

Fee : \$300

Date :

School Name : \_\_\_\_\_

Address : \_\_\_\_\_

Name of Teacher-in-charge : \_\_\_\_\_ Contact Tel No. / Mobile No. : \_\_\_\_\_ / \_\_\_\_\_

Name of Leader/ Instructor : \_\_\_\_\_ Contact Tel No. / Mobile No. : \_\_\_\_\_ / \_\_\_\_\_

Fax No. : \_\_\_\_\_ Team Colour : (Dark) \_\_\_\_\_ (Light) \_\_\_\_\_

Team Name : \_\_\_\_\_ (if applicable: \*  Team 1  Team 2)

Division \* :  Boys'  Girls' (\* Please put a "✓" in the appropriate box)

Player List :

No.	Student Name	No.	Student Name
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

- Remarks :**
1. Each student can represent one team from his/her school only. He/ she should be current student of his/ her school during the competition.
  2. A separate application form is required for each participating team. Please photocopy this form if necessary.
  3. No change on team information (e.g. leader/ player list etc.) is allowed after returning the Confirmation Slip.
  4. The information provided above will only be used for purposes relating to enrolment in recreation and sports activities organised by the Leisure and Cultural Services Department (LCSD) and the Organiser, future contact, compilation of statistics, opinion survey and the checking of relevant information for the said purposes by the authorised staff of the LCSD and the Organiser. For correction of or access to personal data provided on this form, please contact the staff at 2601 7602 or 2601 8861.
  5. The Teacher-in-charge must provide the personal data required on this form. Failure to do so may result in the LCSD being unable to process the application.

**Declaration**

I (Applicant/Teacher-in-charge) hereby declare the above information is correct to the best of my/our knowledge. All participants already have the consent of their parents/guardians or the persons authorised by their parents/guardians to participate the above activity, and they do not suffer from any illness that renders them unfit for the activity. The Organiser and the Leisure and Cultural Services Department shall not be liable for any injury or death which the participant may suffer in this activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.

Signature of

Teacher-in-charge : \_\_\_\_\_ School Chop : \_\_\_\_\_ Date: \_\_\_\_\_

**【Official Use Only】**

**Acknowledgement Receipt**

To: Teacher-in-charge

Your application has been received and is being handled. Please contact our staff at 2601 8861 / 2601 7602 if you have any enquiries.

Official Chop

School Sports Programme Unit

Confirmed Date