

School Sports Programme – 2026 Outreach Coaching Programme
Basketball Competition for Secondary Schools

Fee : \$450

Date :

Enrolment Form

School Name. _____

Address: _____

Name of Teacher-in-charge: _____ Contact Number: _____

Name of Team Leader/Coach: _____ Contact Number: _____

Fax: _____ Jersey colour: (Dark) _____ (Light) _____

Team Name: _____ (if applicable*: **Team 1** **Team 2**)Division* : Boys' Girls' (*Please put a “✓” in the box as appropriate)

Team Roster:

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

Points to Note:

1. Each participant may represent only one team. Participants must be the current students of the school during the competition.
2. A separate enrolment form is required for each team. Please photocopy this form if necessary.
3. No changes can be made to the information provided (including the team manager and team roster) once the “Confirmation of Participation” slip is submitted.
4. The information provided will only be used by the Organiser and the Leisure and Cultural Services Department (LCSD) for matters relating to enrolment in recreation and sports programmes, future contact, compilation of statistics and opinion survey. Only staff duly authorised by the Organiser and the LCSD will have access to the personal data. For correction of or access to the personal data after submission, please contact our staff at 2601 7602.
5. The teacher-in-charge must provide the required personal data clearly on this form. Failure to do so may result in the LCSD being unable to process the enrolment.
6. The school hereby grants permission to the LCSD to take photographs/videos/audios during the competition. The LCSD is hereby granted the right to display/publish these materials on the internet, at LCSD venues, on dedicated website of the Organiser, in publications and through other publicity channels for promotion or record purposes.

Declaration

The applicant/teacher-in-charge hereby declares that all the information provided above is true and correct, and all the participants have obtained the consent of their parents/guardians to participate in the above activities. The participants are healthy and fit to participate in the above activities. The Organiser and the LCSD shall not be liable for the participant's injury or death resulting from his/her own negligence or inadequacy in health or fitness during the activity.

Signature of Teacher-in-charge: _____ School Stamp: _____ Date: _____

【For Official Use Only】

Acknowledgement Receipt

Dear teacher-in-charge:

The Organiser has received your enrolment form and it is now being processed.

If you have any enquiries, please call our staff at 2601 7602.

LCSD chop

Date

School Sports Programme Unit