



**HONG KONG
INLINE CUP 2008**

TEAM ENROLLMENT FORM

TEAM NAME: _____

TEAM ADDRESS: _____

_____ **COUNTRY/CITY :** _____

TEAM CATEGORY (Please circle):

1. **Youth Event** (Thursday 20 November 2008 – Sunday 23 November 2008)

12U **10U** **8U**

(For all age group teams copies of passports with photo and birth date stated are required)

2. **Adult & Special Event** (Thursday 27 November 2008 - Sunday 30 November 2008)

Men **Women** **Secondary School** **Asian National Men Team**

(Asian National Men Team should be endorsed by their national federation of roller sports/skating which are member national federations of the CARS/FIRS. A letter of endorsement should be attached)

CONTACT PERSON'S NAME: _____

Telephone Numbers: Daytime – _____ Evening - _____

Email (Mandatory): _____ Fax Number: _____

TEAM MANAGER'S NAME (If different to above): _____

Telephone Numbers: Daytime – _____ Evening - _____

Email (Mandatory): _____ Fax Number: _____

TEAM COACH'S NAME : _____

TEAM PLAYERS: Maximum roster of 12 skaters and 2 goalies, a second person should be nominated as back up goalie if there is only 1 goalie on your roster.

	Name	Age	Position	Number	Signature *	Remarks
1			Captain			
2			Asst. Captain			
3			Goalie			
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

* In signing this form, I/we, the participants agree to abide by the rules and regulations as set by the Hong Kong Inline Cup 2008 and its event manager, YMCA of Hong Kong and also agree not to hold the Hong Kong Inline Cup 2008, YMCA of Hong Kong, Hong Kong Federation of Roller Sports, Hong Kong, China Inline Hockey Association and the Government of the Hong Kong Special Administrative Region of the People's Republic of China and its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I/We may suffer as a result of participation in these activities, use of their venues, equipments and facilities. Although there is a Queen Elizabeth Hospital next to the tournament venue, I/we understand that I/we need to pay in Hong Kong cash before any medical treatment is received in most cases. I/We would get specific travel/medical insurance for myself/ourselves. I/we also understand that if the Team Enrollment Form, Acknowledgement of Risk Form and enrollment fee are not received by the Tournament Manager **on or before 20 October 2008**, our team will lose the right to participate in the tournament.

SIGNATURE OF TEAM MANAGER/COACH*: _____ **DATE:** _____



Hong Kong Inline Cup 2008

COMPLEMENTARY AIRPORT SHUTTLE BUS REQUISITION FORM

TEAM NAME: _____

TEAM CATAGORY: (Please circle)

12U

10U

8U

Men

Women

Secondary School

Asian National Men Team

TOTAL NUMBER OF PASSENGERS: _____

	From Hong Kong Airport to Your Hotel in Hong Kong	From Your Hotel in Hong Kong to Hong Kong Airport
Date		
Time	(Same as Your Plane Arrival Time is recommended)	(3 hours before Your Plane Departure Time is recommended)
Flight No.		
Name of Contact Person		
Number of Passengers		
Hotel Name		
Hotel Address		
Contact Phone Number / Hotel Phone Number in Hong Kong		
Remarks		

SIGNATURE OF TEAM MANAGER/COACH: _____ DATE: _____

Remark: The Team Enrollment Form and this Complementary Airport Shuttle Bus Requisition Form should be returned to Dwain MacIntosh, Tournament Manager, **on or before 20 October 2008**. Fax: (852) 2783 7876; Email: dwain@ymcahk.org.hk; Mail: Hong Kong Inline Cup 2008, YMCA King's Park Centenary Centre, 22 Gascoigne Road, Yau Ma Tei, Kowloon, HONG KONG). For enquiry, please call Dwain (852) 2710 3911 or (852) 2782 6682