



The Equestrian Federation of Hong Kong, China 中國香港馬術總會

Office: HKJC Shatin Race Course, 8/F Central Complex, Shatin, New Territories, Hong Kong

地址: 香港沙田馬場綜合大樓八樓

Tel 電話: (852) 2966 5078 Fax 傳真: (852) 2966 5082 Website 網址: www.hkef.org Email 電郵: info@hkef.org

FEDERATION RELEASE TO COMPETE FORM

I wish to obtain the approval from the EFHKC to take part in equestrian activities following medical suspension. I have provided a certificate from an appropriately qualified doctor who has assessed me and has determined that I am fit to compete.

Section A: Personal Information (Please fill-in using BLOCK letters)

Surname :	Mr. / Mrs. / Miss. / Ms.			Other names :	
Sex:	M / F	I.D./ Passport no :		Membership No. :	
Riding School:		Contact No.:		Email :	
Date of commence suspension				End Day of Suspension:	
Total day(s) of suspension					
Reason(s) of Suspension/ Injury					

Section B: To be completed and signed by the Physician/ Medical Practitioners

I, the undersigned, have assessed Mr./Mrs./Miss./Ms. : _____ with respect to the reasons for medical suspension and believe him/her to be fit to compete in equestrian competition.

Signature : _____ Name of Physician : _____

Please note: The Physician/ Medical Practitioners MUST hold a current Board certification in the specific specialty for which the applicant was treated (e.g. a neurologist must provide certification if the Rider was treated by one).

Signature of applicant :		Parents' / Guardians' Signature : (for applicants aged under 18)	
Date :		Name of Parents / Guardians :	

Please fill in the form and return this form with the certificate from Physician/ Medical Practitioners.

- 1) Email at info@hkef.org;
- 2) Fax to 2966 5082;
- 3) Mail to The Equestrian Federation of Hong Kong, China, 8/F., Central Complex Building, Shatin Racecourse, Shatin, New Territories, Hong Kong

Section C: Approval from the Federation (Please leave this section blank)

On behalf of the Federation, we have approved your application to take part in the competition after your suspension period.

We look forward to seeing you at the competition and wish you all the best of luck.

Approved by : _____ Title : _____

Signature : _____ Date : _____