



REGISTRATION FORM FOR PLAYERS

参赛队员报名表

No. _____

Member since: _____

Team Name			
Chinese Name:		Family Name:	Given Name:
Male/Female:	Age:	Nationality:	
Date of birth:		Occupation:	
Company/University:			
What kind of company/University?			
Address:		Student No.:	
Email:	Mobile:	Post. code:	
Phone (office):	Phone (home):	Fax:	

Player Information

1. FORMER IFFC-TEAM(S): _____

- In the upper division _____ I play for the team _____
- I changed IFFC teams in the summer/winter break
- In previous seasons I played for another IFFC team
- I never played in the IFFC
- my current team is my first IFFC team

I guarantee that I did not play for another IFFC team during this ongoing season

2. Insurance

- I am selfinsured
- I am insured by the company/university
- not insured

3. Injury

In case of emergency (injury) which hospital do you want to go?

- nearest
- Chinese hospital _____
- foreign hospital _____

I desire to become member of the IFFC. I have read the information regarding the IFFC and agree to abide by the rules and regulations of the IFFC. I am not a semiprofessional/professional player and will immediately inform the IFFC if it changes. I am self-responsible to take care of insurance issues for injuries which may occur before, during and after the games. It is my express intent in signing this to release the IFFC and its sponsors, officers, directors, owners, heirs and assigns from any and all claims for professional or general liability which may arise as a result of my participation.

Signature: _____

Date: _____