

**The Hong Kong Schools Sports Federation**  
**Application for the Use of Protective Equipment**  
**for Football Competition**

2019-2020

Players who require the use of protective equipment such as sports spectacles or face masks during a football match, should seek approval from the HKSSF. Application must be submitted by school at least 14 days prior to the match. To apply, please follow the application procedure below:

1. Players in the need of using protective equipment should submit applications to their schools in support of medical certificate issued by Registered Medical Specialists/Optometrists. Such protective equipment should be safe and cause no harm to the player himself/herself and other participants and officials during competition.
2. After inspected by school, school should send in the completed application form together with medical certificate and the protective equipment to the HKSSF.
3. The HKSSF will invite the Referee Committee of Hong Kong Football Association to examine the protective equipment.
4. Should approval is granted by all parties, school will be issued an approval notice with pictures of the protective equipment. Unsuccessful applications will also be notified.
5. Team managers are required to show the approval notice and protective equipment to the referee before the match.
6. The approved protective equipment will be inspected and verified by the referee on the field. The final decision is subject to referee's approval.
7. The referee shall have the authority to reject the use of such equipment if it becomes harmful to any participants during the match or being used inappropriately.

The following student of our school would like to apply for using protective equipment:

(Same as Student Registration Card)		Gender	Use of protective equipment (Please Circle)
English Name	Chinese Name		
			Sports spectacle / Face mask

Region : HK & Kln Secondary / HK & Kln Primary / N.T. Secondary / N.T. Primary (Please Circle)

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

School Tel. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

Teacher in-charge : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Signature of Principal : \_\_\_\_\_

Date : \_\_\_\_\_ School Chop : \_\_\_\_\_

**\*\* Please submit the completed application form together with the medical certificate issued by the Registered Specialists/Optometrists and the protective equipment to HKSSF Office.**

**Address: 7 Carmel Village Street, Homantin, Kowloon**  
**HK & Kln Office Room 203 (Tel: 2711 9182)**  
**N.T. Office Room 102 (Tel: 2711 2823)**