

Annex – Registration Form

Name of University⁽⁴⁾		Click or tap here to enter text.			
Faculty/School/Department <i>(official name, no acronyms)⁽⁴⁾</i>		Click or tap here to enter text.			
Website of Faculty/School/Department <i>(if any)</i>		Click or tap here to enter text.			
Contact Person⁽²⁾	Name	Click or tap here to enter text.	Post/Title	Click or tap here to enter text.	
	Mobile Phone No.	Click or tap here to enter text.	Email	Click or tap here to enter text.	
	Affiliate Institution	Click or tap here to enter text.			
	Corresponding Address				

Full Name		Title/Status (e.g. law teacher/ legal practitioner)	Gender	Degree/Program Enrolled (e.g. LLB)	IHL Role Play Experience		Allergy/Dietary Needs (all meals are halal)
					(Y/N)	Year & Capacity	
Coach (if any)	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.		Choose an item.	Click or tap here to enter text.	
Team Member 1	Click or tap here to enter text.		Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	
Team Member 2	Click or tap here to enter text.		Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	
Alternate Member	Click or tap here to enter text.		Choose an item.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	

Remarks

- (1) Requests to amend individual names of participants and institutions in participation certificates after the Competition will not be entertained. Please ensure accuracy.
- (2) Details in this section will be used for direct communication between the Secretariat and the team's contact person
- (3) The Secretariat will endeavour to accommodate dietary requirements of participants

Team Coach / Contact Person Declaration:

- I confirm that all information stated in this registration form is true;
- I authorise the Secretariat to use the above information for the Secretariat's record and publication;
- On behalf of the team, I accept the penalty and/or disqualification of the entire team from this Competition if any information herein is false; and
- On behalf of the team, I consent to the recording and use of audio, photo and video of myself and any team members during any event related to this Competition by the Secretariat and persons authorised by the Secretariat for documentation and promotional purposes

Date : Click or tap here to enter text.

Signature :

Name : Click or tap here to enter text.

(Team Coach / Contact Person)