

香港童軍總會
Scout Association of Hong Kong
活動／訓練班報名表
Application Form for Activity / Course

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| 活動／訓練班名稱 Activity / Course Title |
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個人簡歷 Personal Particulars

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|---|-----------------------|---|---------------------------|
| 姓名 (中文) Name (Chinese) | | 姓名 (英文) Name (English) | |
| 性別 Gender | 出生日期 Date of Birth | 身份證號碼* H.K.I.D.Card No. | |
| 通訊地址 Address | | | |
| 聯絡電話 Contact No. | | 電郵地址 E-mail Address | |
| 團 Section | 旅 Group 117 | 區 District W.T.S | 地域 Region E.K.R |
| 童軍成員編號 Scout ID | | 委任證／委任書編號 Cert. of Appointment / Warrant No. | |
| 緊急事故聯絡人 (姓名) Emergency Contact Person (Name) | | 關係 Relationship | 聯絡電話 Contact No. |
| 附加資料 Additional Information | | | |

*除有關活動／訓練班規定必須填寫外，此欄可選擇不填。
It is optional for you to fill in this column except the activity / course is requested.
請於簽署前，參閱背頁所列之備註。
Before you sign this form, please refer to the remarks overleaf.
若申請人為18歲以下，須填妥背面之家長同意書。
If applicant is under 18 years old, please complete overleaf Parent's Consent Form.

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| 申請人簽署 Applicant's Signature: _____ 日期 Date : _____ | 若申請人為青少年成員，請加領袖簽署及旅印。 If applicant is a youth member, please endorse with Leader's Signature and Group Stamp. 領袖簽署 Leader's Signature : _____ 姓名 Name of Leader : _____ 職位 Rank : _____ 旅印 Group Stamp: _____ |
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辦事處專用 Office Use Only

| | |
|------------------|----------|
| 費用 Fee: HK\$ | 日期 Date: |
| 支票號碼 Cheque No.: | |

申請人請用正楷填寫回郵地址 Applicant should enter the name and correspondence address in block letters

| | |
|--|--|
| 姓名 : Name _____ 地址 : Address _____ _____ | 姓名 : Name _____ 地址 : Address _____ _____ |
|--|--|

家長同意書
Parent's Consent Form

活動／訓練班資料
Activity / Course Information

舉辦日期

Date : _____

舉辦地點

Venue : _____

內容

Content : _____

聲明

Declaration

本人已清楚上述活動／訓練班之主要內容，且確知敝子弟之健康情況適宜參與有關活動。現同意敝子弟_____（姓名）參與上述活動／訓練班。

I certify that I have acknowledged the content of the above activity / course and the health condition of my son / daughter is suitable for the activity. Thus, I hereby agree _____ (Name of applicant) to participate in the above activity / course.

特別健康情況（例如敏感、哮喘等）

Special health condition (e.g. allergy, asthma etc)

家長／監護人簽署

*Parent / Guardian's Signature : _____

家長／監護人姓名（正楷）

*Name of Parent / Guardian : _____
(in block letters)

日期

Date : _____

緊急聯絡電話

Emergency Contact No.: _____

* 請刪去不適用者

Please delete the inappropriate

備註 Remarks

1. 申請表格內填報的個人及其他有關的資料，會供本會處理申請參與活動／訓練班及有關的用途。在表格內提供的個人及其他有關資料純屬自願。然而，如果沒有正確或足夠的資料，本會可能無法處理有關的申請。

The personal data and other related information provided in the application form will be used by the Association for dealing with the application for participating in the activity / course and other related purposes. The provision of personal data and other related information by means of the application form is voluntary. However, we may not be able to process the application if no accurate or adequate data is provided.

2. 在一般情況下，報名表將於活動／訓練班完成後6個月銷毀。

Application form will normally be destroyed 6 months after completion of the activity / course.