



香港童軍總會西貢區
Scout Association of Hong Kong Sai Kung District
活動/訓練報名表
Application Form for Activity/Course

FORM
DT/02
(01/2015)

活動/訓練班名稱 Activity/Course Title

個人簡歷 Personal Particulars

姓名 (中文) Name (Chinese)		姓名 (英文) (English)		
性別 Sex	出生日期 Date of Birth	身份證號碼* HKID Card No.		
地址 Address				
電話 (辦事處) Telephone (Office)		電話 (住宅) (Residence)		電話 (手機) (Mobile)
傳真號碼 Fax No.		電郵地址 E-mail Address		
團 Section	旅 Group	區 District	地域 Region	職位 Rank
紀錄冊號碼 Record Book No.		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)		與童軍關係 Relationship to applicant		電話 Tel.
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.

申請人簽署 Applicant's Signature : _____	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 Chop.
日期 Date : _____	領袖簽署 Leader's Signature : _____
	旅印 Group Chop : _____
	姓名 Name of Leader : _____
	職位 Position : _____

辦事處專用 Office Use Only

經手人 Received by:	日期 Date:
費用 Fee: HK\$	支票號碼 Cheque No.:
	收據號碼 Receipt 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 _____	姓名 Name _____
地址 Address _____	地址 Address _____

家長同意書

Parent's Consent Form

(未滿十八歲成員需填寫家長同意書)
(Parent's Consent Form should be completed by those applicant who is under 18 years old)

活動/訓練班資料 Activity/Course Information

項目名稱 Name of Event	
舉辦日期 Date	
舉辦地點 Venue	
項目性質 Contents	

童軍及家長資料 Scout and Parent Information

童軍姓名 Name of Scout	旅別 Group	性別 Sex	年齡 Age
家長或監護人姓名 Name of Parent/Guardian	與童軍關係 Relationship to applicant	緊急電話 Emergency Contact No.	

聲明 Declaration

本人已知悉上述活動/訓練班之主要內容，且確知敝子女之健康情況適宜參與有關活動/訓練班。
茲同意敝子女（姓名）_____ 參與上述活動/訓練班。

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

如有特別健康情況請臚列如下：（例如敏感、心臟病、哮喘等）
Special health condition listed below: (e.g. allergy, heart disease, asthma etc)

家長/監護人簽署
Parent/Guardian's Signature : _____

日期
Date : _____

備註 Remarks :

1. 如表格不敷應用，請自行影印。
Photocopy of this form is accepted.
2. 本同意書內之個人資料，將供本會處理本活動及有關用途，純屬自願。活動完畢後，將銷毀。
如資料不足夠或不正確，本會將無法處理其報名申請。
The personal data and other related information provided in this consent 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. Application form will normally be destroyed 6 months after completion of the activity/course.