**The Hong Kong Girl Guides Association**

**The Hong Kong Jockey Club Community Project Grant –**

**“Intergenerational Responsible Citizenship Project”2023-2026**

**Fill in by Happy Bee’s parents**

**Free 3 Generation Day Camp**

**Parent’s Consent Form**

(Must be submitted to AMD on or before 1/12/2023)

I （parent’s name） and my child (member’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_（Unit no.） hereby to agree participate in the Free 3 Generation Day Camp. I confirm that the above information is accurate. I have been informed of the details of the activity through the circular, and I certify that my child is in good health and suitable for participating in this activity. Furthermore, if my child experience any discomfort, I am willing to promptly pick them up and ensure their safety.

*HKGGA shall not be held responsible for any accidents that may occur if the participant fails to comply with the regulations during the activity*

|  |  |  |  |
| --- | --- | --- | --- |
| Parent’s signature： | 　　　　　　　　　  | Date： 　　　　　　　　　　　　 | 　　　　　　  |
| Emergency Contact Person: | 　　　　　　　　　　　 | Relationship： | 　　　　　　　　　　　 |
| Emergency Contact No.: | 　　　　　　　　　　　 |  |  |

**The Hong Kong Girl Guides Association**

**The Hong Kong Jockey Club Community Project Grant –**

**“Intergenerational Responsible Citizenship Project”2023-2026**

**Fill in by**

**Golden Guide**

**Free 3 Generation Day Camp**

**Participant’s Consent Form**

 (Must be submitted to AMD on or before 1/12/2023)

I（participant’s name） （Unit no.）Golden Guide - hereby consent to participate in the Free 3 Generation Day Camp. I confirm that the above information is accurate. I have been informed of the details of the activity through the circular, and I certify that I am in good health and suitable for participating in this activity. Furthermore, if there is any discomfort, I am willing to return home immediately.

*HKGGA shall not be held responsible for any accidents that may occur if the participant fails to comply with the regulations during the activity*

|  |  |  |  |
| --- | --- | --- | --- |
| Participant’s Signature： | 　　　　　　  | Date： 　　　　　　　　　　　　 | 　　　　　　  |
| Emergency Contact Person： | 　　　　　　  | Relationship： | 　　　　　　  |
| Emergency Contact No.： | 　　　　　　  |  |  |