

香港女童軍總會 天水圍何超瓊活動中心

The Hong Kong Girl Guides Association

Tin Shui Wai Pansy Ho Activity Centre

活動報名表 Activity Application Form

閣下之個人資料將只用於參加有關活動之申請、通訊及籌辦有關活動之用。香港女童軍總會可將閣下的個人資料提供予不論是否總會成員的任何其他人士及/或為與參加活動有關的運作目的或任何其他目的而有需要使用閣下個人資料的任何其他人士。

A. 参加者資料 Participant (請用正楷中文填寫 Please use block letters)

	<u></u>		(54), (422-141-154), (74)		
	會員編號Member no.	姓名Name	年齡Age	聯絡電話Contact no.	
1	TSW				
2	TSW				
3	TSW				
4	TSW				
5	TSW				
6	TSW				

B. 活動報名 Activity application

D. /白男/報 ACUVITY application							
	活動編號 Activity no.	活動名稱 Activity name	参加者姓名 Name of participants	費用Fee (\$)	備註 Remarks (由本中心填 寫 Office use only)		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
12							

	引拍攝活動花絮,並刊登於本會網站/刊物。				
I * agree / disagree that the staff members can	a take photos during the activity, and publish them on HKGGA's website/publication.				
申請人簽署Signature:					
家長/監護人同意書 Parents' Consent Form	(未滿 18 歲之參加者需填寫此部分 For applicant under 18 years old)				
本人同意(參加者名稱)	參與上述活動。本人已得悉活動詳情,並自當督促其準時出席活動。現茲証				
明其身體健康良好,適合參加上述活動。如參加	者不遵照本會指示參與活動而發生意外,本會無須負任何責任。同時,參加				
者如有任何身體不適,本人願意即時接回家中,	以策安全。				
I hereby agree(Name of applications of a	ant) to participate in the above activity. I have acknowledged the content of the above				
activity and the health condition of my son / daughter i	s suitable for the activity. The Hong Kong Girl Guides Association shall not be liable				
for any lost or injury that I may suffer in the above activity. Meanwhile, if my son / daughter is experiencing any physical discomfort, I am					
willing to take him / her home immediately in case of safety.					
家長/監護人姓名 Parent/Guardian's name:					
與參加者關係 Relation with applicant:					
家長/監護人簽署 Parent/Guardian's Signature:					
日期 Date:					

参加者相片收集聲明 Photo Consent Statement (*請刪去不適用者 Please delete as appropriate)

緊急聯絡電話 Emergency contact no.: ______