



MEMORANDUM

From	OC AAS	To	Unit Commanders
Ref	001 in MCT2-11/01/Memo	CC	Major Unit Commanders,
Tel	27128900		Headquarters
Fax	27156944	Date	15.09.2011

**Autumn Adventure Activities Promotion Project 2011
Hong Kong Mountaineering Union
Level 2 Mountain Craft Training Certificate Course (MCT2) 2011/01**

Adventure Activities Squadron (AAS) will organise a Level 2 Mountain Craft Training Certificate Course (MCT2) 2011/01 of Hong Kong Mountaineering Union (HKMU).

Details of the programme are as following:-

<i>Date & Time</i>	Day 1 (Lecture)	24 Sep 2011 (Sat), 0900~1430hrs
	Day 1 & 2 (Field Training)	24 & 25 Sep 2011 (Sat & Sun), 1500~1700hrs (next day)
	Day 3 (Lecture)	15 Oct 2011 (Sat) 0900~1430hrs
	Day 3 & 4 (Field Training)	15 & 16 Oct 2011 (Sat & Sun) 1500~1700hrs (next day)
<i>Venue</i>	HKACC Piper's Hill Adventure Activities Base	
<i>Course Size</i>	Minimum 15 / Maximum 24	
<i>Course Fee</i>	(Excludes HKMU certificate) HK\$350 for Senior Member HK\$250 for Cadet Member Fee for Field Training, including personal equipment, transportation & catering, is applicants' own expense.	
<i>Dress Code</i>	No.3B Field Dress	
<i>Eligibility</i>	1)Adult Member and Cadet Member (Age 14 or above) 2)All applicants must have the Level 1 Mountain Craft Training Certificate issued by HKMU.	
<i>Application</i>	Applicants must be nominated by their OC Squadron with application form submitted to info.aas@hkacc.net by the deadline.	
<i>Deadline</i>	1759hrs 19 Sep 2011 (First Come First Served)	

Application Procedure

Interested members please submit the following items:

- (1) Application Form (Appendix 1) with endorsed by unit commander;
- (2) Health Conditional Declaration (Appendix 2); and
- (3) A crossed cheque of HK\$350 (Adult Member) or HK\$250 (Cadet Member) made payable to "**Hong Kong Air Cadet Corps**" with the following writing at the back of the cheque:
 - (i) English Full Name;
 - (ii) Serial Number; and
 - (iii) Unit.



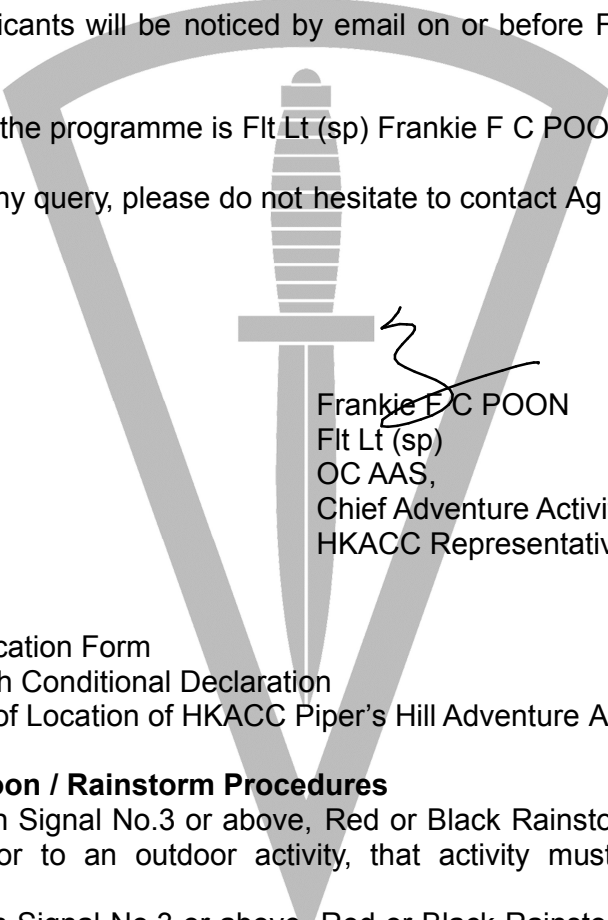
to Ag WO NG Ka-wa John electronically at john@hkacc-saf.net for enrollment **on or before Wednesday 21 September 2011 1759hrs** (First Come First Served) as well as submit the hardcopy on the first training day at training venue.

Late submission, incomplete applications and/or recommendation would not be processed.

All successful applicants will be noticed by email on or before Friday 23 September 2011.

Office-in-charge of the programme is Flt Lt (sp) Frankie F C POON.

Should you have any query, please do not hesitate to contact Ag WO NG Ka-wa John at 82002949.



Frankie F C POON
Flt Lt (sp)
OC AAS,
Chief Adventure Activities Supervisor, and
HKACC Representative of HKMU

Encl

Appendix 1 Application Form

Appendix 2 Health Conditional Declaration

Appendix 3 Map of Location of HKACC Piper's Hill Adventure Activities Base

Remarks of Typhoon / Rainstorm Procedures

1. When Typhoon Signal No.3 or above, Red or Black Rainstorm Signal is hoisted two hours prior to an outdoor activity, that activity must be cancelled and rescheduled.
2. When Typhoon Signal No.3 or above, Red or Black Rainstorm Signal is hoisted, all outdoor activities must cease and all members must return home or take shelter in a safe place.
3. When Typhoon Signal No.8 or above, Black Rainstorm Signal is hoisted, all indoor activities must cease and members must return home or take shelter in a safe place.



Appendix 1

**Autumn Adventure Activities Promotion Project 2011
Hong Kong Mountaineering Union
Level 2 Mountain Craft Training Certificate Course (MCT2) 2011/01
Application Form**

Part A – Application by Member – Use Clear BLOCK CAPITALS

Unit _____ Rank _____ Serial No _____

Surname _____ Given Name _____

Chinese Name _____ HKID No _____

Date of Birth _____ Place of Birth _____ Sex Male Female

Flat _____ Floor _____ Block _____ Building _____

Estate _____ No and Name of Street _____

Area _____ Hong Kong Kowloon New Territories

Contact No _____ Email Address _____

Cheque No _____ Bank _____

Participant's Declaration

I understand that the above course/activity may involve physical exercise and adventurous training, and agree that the Hong Kong Air Cadet Corps and its members shall not be responsible for accidents or injuries, if any, occur to me during the training. I declare that I have no health problem which prevents me from participating in the above course/activity.

Date _____ .2011 Signature _____

**Participant's Parent / Guardian or
Person Authorized by Participant's Parent / Guardian's Declaration**

*This consent form should be completed by parent/guardian of participant **under the age of 18** or by person authorized by their parent/guardian (parent/guardian or authorized person should be at 18 years of age or above)*

I agree to allow the participant to participate in the above mentioned course/activity and declare that he/she does not suffer from any illness that renders him/her unfit for the course/activity. The Hong Kong Air Cadet Corps and its members shall not be liable for any injury or death which the participant may suffer in this course/activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.

Signature of Parent/Guardian of Authorized Person _____

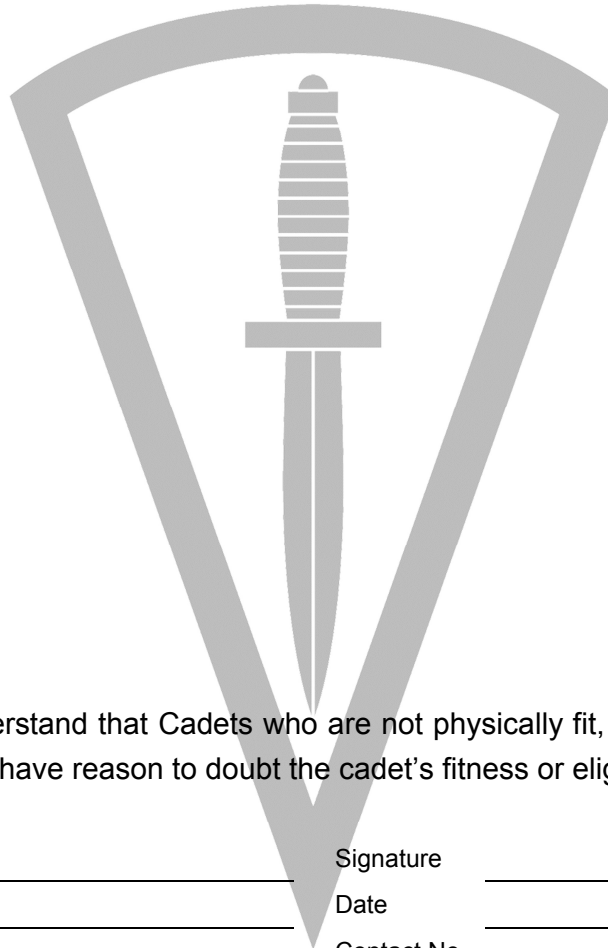
Name of Parent/Guardian of Authorized Person _____

Date _____ .2011 Contact Number _____



Part B – Cadet Unit Commander’s Report and Certificate

Comments on the candidate’s personal qualities, command of English, physical fitness (if applicable) and any special requirements.



Certificate

I certify that I understand that Cadets who are not physically fit, if at any time before the course starts I have reason to doubt the cadet’s fitness or eligibility.

Name	_____	Signature	_____
Rank	_____	Date	_____ . .2011
Post	_____	Contact No	_____
Serial No	_____	Email	_____



Appendix 2

Health Condition Declaration
健康狀況聲明

Name of Member

團 員 姓 名 _____

HKID Card No

身 份 證 號 碼 _____

Serial No

團 員 編 號 _____

If it cannot be confirmed and declared that the Member is free from any medical concerns, please tick one or more of the following choices that best describe the relevant medical concerns, and feel free to provide further information you consider appropriate.

若閣下不能確認及聲明上述團員並沒有任何健康問題，請在以下一項或多項最能描述上述團員健康狀況的選擇上以剔號表示，並在適當情況下提供進一步資料。

Neurological 神經系統

- History of epilepsy, fits or blackouts
癲癇、肌肉抽搐或昏厥
- History of migraine 偏頭痛
- History of psychiatric illness 精神病

Othorhinolaryngological 耳鼻喉

- Acute otitis media or external
急性中耳或外耳炎
- Chronic suppurating otitis media
慢性化膿性中耳炎
- Scarred ear-drum 耳膜損傷
- Sinusitis 鼻竇炎

Abdomen 腹部

- Abdominal operation within the last month
月內曾進行腹部手術
- Colostomy 結腸造口
- Other significant abdominal conditions
其他嚴重腹部毛病

Endocrine and Drugs 內分泌及藥物

- Diabetes 糖尿病
- Under treatment by antihistamines, tranquilizers, or decongestant drugs, or any type of drugs with side effects that could affect alertness and judgment 正接受抗組織胺、鎮靜劑或通鼻塞藥物，或其他影響警覺性及判斷藥物的治療

Respiratory 呼吸系統

- Acute respiratory conditions
嚴重呼吸系統問題
- Bronchitis 支氣管炎
- Asthma 哮喘 (Please provide further information 請提供進一步資料)
Frequency and severity of attacks
發作頻率及程度： _____
Date of last attack 上次發作日期： _____
Treatment required 所需治療： _____

Cardiovascular 心臟及循環系統

- Cardiac illness 心臟毛病
- Hypertension 高血壓

Visual 視力

- Acute Myopia 深度近視
- Visual field limitation or unocular vision
視野障礙或單眼

Locomotor 運動系統

- Limitation of limb or hand movement
肢體或手部活動障礙

Others 其他

- Allergic to Drugs 對藥物敏感
(Type of Drug 藥物種類)： _____
- Allergic to Food 對食物敏感
(Type of Food 食物種類)： _____
- Other conditions not mentioned on this page
其他在本頁未曾敘述症況： _____

Further Information 補充資料 (If appropriate 如適用)



DECLARATION 聲明

I/We hereby declare that to the best of my/our knowledge and belief the information contained in this *Health Condition Declaration* is true and complete in every aspect. The Hong Kong Air Cadet Corps is authorized to contact the Member's physician for further verifications if necessary.

本人/我們謹此聲明就本人/我們所知本健康狀況聲明上所提供的資料乃正確齊全。香港航空青年團有權就上述資料向上述團員的醫生要求核實。

FAMILY PHYSICIAN 家庭醫生

If requested by HQ HKACC, Family Physician's endorsement
若香港航空青年團總部要求，須由家庭醫生簽署

I certify that, to the best of my knowledge, _____ (member's name) does/ does not suffer from any of the diseases or disabilities listed in this Declaration.

就本人所知，_____ (團員姓名) 患有/ 沒有本聲明上所述疾病或殘障，特此核實。

Additional Comments 補充資料 (If any 如適用) : _____

Name of Physician 醫生姓名 _____	Signature 簽名 _____
Address 地址 _____	
Telephone 電話 _____	Date 日期 _____ . .2011

CONTACT PERSON IN CASE OF EMERGENCIES 遇上緊急事故時的聯絡人

Name 姓名 _____	Telephone 電話 _____
Address 地址 _____	

I/We understand and accept that the information given in this Health Condition Declaration will be used by the Hong Kong Air Cadet Corps and other authorized persons or entities related to the running of its activities and administration of its affairs.

本人/我們明白並同意香港航空青年團及其授權的人仕及單位，有權使用以上提供的資料，作為舉辦該團隊活動及處理該團隊事務之用途。

Member's Signature 團員簽署 _____	Date 日期 _____ . .2011
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If the member is under 21 years of age 如團員為二十一歲或以下

Parent's/Guardian's Signature 家長/監護人簽署 _____	Date 日期 _____ . .2011
Parent's/Guardian's Name 家長/監護人姓名 _____	

Remarks by HQ HKACC 香港航空青年團總部批註

Appendix 3

香港航空青年團琵琶山歷奇活動基地位置圖



	Tai Wo Bus Terminus 太和總站	/	Caldecott Road 郝德傑道	/	Cheung Sha Wan Bus Terminus 長沙灣
	Wo Che Bus Terminus 禾輦	/	Caldecott Road 郝德傑道	/	Jordan (To Wah Road) 佐敦(渡華路)
	Hin Keng Bus Terminus 顯徑	/	Caldecott Road 郝德傑道	/	Mei Foo Bus Terminus 美孚