1. Personal Particulars

| Name: |   |  |   |  |   |
| --- | --- | --- | --- | --- | --- |
|  | Surname |  | Given Name |  | in Chinese |
|  | (as printed in HK Identity Card) |

| Date of Birth: |   | / |   | / |   | Age: |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | dd |  | mm |  | yyyy |  | As of 7 October, 2023 |

| HK Identity Card No.: |   | ( ) |
| --- | --- | --- |
|  |  |  |
| Education Level: |   |
|  |  |  |

| Address: |   |
| --- | --- |
|  |   |

| Contact: |   |  |   |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Home Number |  | Mobile /Number |  | Email Address |

| Unit: |   | Serial Number: |   |
| --- | --- | --- | --- |

1. Service History

| Present Rank: |   | Date of Last Promotion: |   |
| --- | --- | --- | --- |
| Present Classification:  |  | Date of Advancement: |  |
| Position: |   | Duration: |   |

Have you participated in previous “The Valiant”(s)? □ Yes □ No

(Please check the appropriate box)

If Yes, please specify:

| Year |   | Post |   |
| --- | --- | --- | --- |
| Year |   | Post |   |
| Year |   | Post |   |
| Year |   | Post |   |

1. Qualifications and Skills

Please check the appropriate boxes.

| First Aid Certificate | □ Yes | □ No |  |  |
| --- | --- | --- | --- | --- |
| Type: |   | Valid Until: |   |
|  | Issuing Authority: |   |  |  |

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

| Instructor Ratings by HKACC |
| --- |
|  | □ Footdrill | □ Elementary First Aid | □ Qualified Aviation  |
|  | □ Expedition  | □ Physical Achievement |

1. Declaration

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant), hereby declare that all the information provided in the form is complete and true to the best of my knowledge. I understand that the above 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 problems, apart from those stated in the “Health Condition Declaration”, which prevents me from participating in the above activity.

| Signature of applicant: |   |
| --- | --- |
| Name of applicant: |   |
|  | (in BLOCK LETTERS) |
| Date: |   |

1. Declaration by Applicant’s Parent or Guardian, or Person Authorized by the Parent or Guardian

This part is to be completed by ALL cadet members. The parent, guardian or authorized person must be at the age of 18 or above.

I agree to allow the participation of this applicant in The Valiant 2021 Day Camp and declare that he/she does not suffer from illness, apart from those stated in the “Health Condition Declaration”, that renders him/her unfit for the activity. The Hong Kong Air Cadet Corps and its members shall not be liable for any injury or death which the participant may suffer from the activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.

I also agree be the contact person in the case that the applicant has any accident or incident which requires immediate attention in the course of the activity.

| Signature of parent, guardian or authorized person: |   |
| --- | --- |
| Name of parent, guardian or authorized person: |   |
|  | (in BLOCK LETTERS) |
| Contact number: |  |
| Date: |   |

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

***To be completed by the Organizing Committee***

Documents checked □ Health Condition Declaration

 □ PAR-Q Form

Approval for the Camp □ Approved □ Not approved

| Remarks: |   |
| --- | --- |
|  |   |

All personal data will be kept and managed according to the Corps Personal Data (Privacy) guidelines. They are only used for administrative purpose during the preparation and execution of the camp and will be disposed after the event.