



MEMO

From	OC SAF	To	OC Units
Ref	AAD1-08/10	CC	Major Unit Cdrs, HQ, Web
Tel	27128900		Master
Fax	27156944	Date	10 July 2008

**Autumn Adventure Activities Promotion Project
Abseiling Activity Day (AAD1) 2008/10**

Organised by Roping Technique & Abseiling Section

Details of the Programme: -

<i>Date</i>	06 September 2008 (Sat)
<i>Time</i>	1430 – 1730 hrs
<i>Venue</i>	Mui Tsz Lam, Ma On Shan Country Park Shatin, New Territories (please see the map in Appendix 1)
<i>Roll Call</i>	1330 hrs inside of MTR Tai Shui Hang Station (Ma On Shan Line) near Exit B (please see the map in Appendix 2)
<i>Dismiss</i>	1800 hrs, MTR Tai Shui Hang Station
<i>Target Candidate(s)</i>	Cadet Member
<i>Size</i>	Min 15 to Max 20
<i>Fee</i>	HK\$20
<i>Dress Code</i>	No. 3B Field Dress
<i>Equipment</i>	500 ml Water, Suntan Lotion and Mosquito Repellent Spray
<i>Application Procedure</i>	Interested members please fill in the attached <i>Application Form</i> with endorsed by Unit Commander, Participant's Declaration & Health Condition Declaration and email to enquiry@hkacc-saf.net or fax to 27156944. All successful applicants will be announced in the Joining Instruction issued on or before 29 August 2008 at our website (hkacc-saf.net).
<i>Deadline of Application</i>	25 August 2008 (Mon) 1200 hrs (First Come First Served)
<i>Remark</i>	Please bring along the Cadet Training Record Book

Late applications or applications not submitted through the stated procedure will not be processed.

Officer-in-charge of the programme is Plt Off Yanny LAI. Should you have any query, please do not hesitate to contact Sgt Instr John NG at 82002949.

Frankie F C POON
Fg Off (sp)
OC SAF



**Summer Adventure Activity Promotion Project
Abseiling Activity Day (AAD1) 2008/10
Application Form**

(To be completed in BLOCK LETTERS)

I hereby apply for the Abseiling Activity Day (AAD1) 2008/10 on Saturday 6 September 2008 at 1430-1730 hrs

Applicant Details

Unit _____ Serial No _____

Rank _____ Name (in English) _____

Contact No _____ Email Address _____

Date _____ Applicant's Signature _____

Unit Commander's Endorsement

Unit _____ Serial No _____

Rank _____ Name (in English) _____

Contact No _____ Email Address _____

Date _____ Unit Commander's Signature _____

Remarks:

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.



參加者聲明書 Participant's Declaration

課程 / 活動名稱 Course/Activity Title	Abseiling Activity Day (AAD1) 2008/10
團員姓名 Name of Member	團員編號 Serial Number

本人明白上述課程 / 活動可能包括體能及歷險訓練成份，如本人在參與課程 / 活動期間遭遇意外受傷，本人同意香港航空青年團及其安排活動的有關人士無需負上任何責任。本人身體並無任何健康問題令本人不適宜參與上述課程 / 活動。

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.

簽署
Signature _____
日期
Date _____

參加者家長 / 監護人或授權人聲明書 Participant's Parent / Guardian or Person Authorized by Participant's Parent / Guardian's Declaration

十八歲以下的參加者須由家長 / 監護人或經其家長 / 監護人授權者填寫此同意書 (家長 / 監護人或「獲授權人」必須為十八歲或以上人士)。

*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)*

本人同意參加者參加上述課程 / 活動，並聲明他 / 她身體並無任何疾病，令他 / 她不宜參加此項課程 / 活動。如果因參加者的疏忽或體能欠佳，以致在參加這項課程 / 活動時傷亡，香港航空青年團及其安排課程 / 活動的有關人士無需負上任何責任。

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.

家長 / 監護人或獲授權人簽署
Signature of Parent/Guardian of Authorized Person _____
家長 / 監護人或獲授權人姓名
Name of Parent/Guardian of Authorized Person _____
聯絡電話號碼
Contact Telephone Number _____
日期
Date _____



健康狀況聲明 HEALTH CONDITION DECLARATION

團員姓名

Name of Member _____

身份證號碼

HKIC Number _____

團員編號

Serial Number _____

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

Otorhinolaryngological 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

日期

Date _____

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 _____

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 _____
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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 _____
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 1

Location of Mui Tsz Lam, Ma On Shan Country Park



