



**MEMO**

From	OC SAF	To	OC Units
Ref	AAD1-08/11	CC	Major Unit Cdrs, HQ, Web Master
Tel	27128900	Date	04 August 2008
Fax	27156944		

**Autumn Adventure Activities Promotion Project  
Abseiling Activity Day (AAD1) 2008/11**

Organised by Roping Technique & Abseiling Section

Details of the Programme: -

<i>Date</i>	04 October 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 at Chevalier Garden near bus terminus (southeast of MTR Ma On Shan Line Tai Shui Hang Station, 5~10 minutes by foot; please see the map in Appendix 2)
<i>Dismiss</i>	1800 hrs, MTR Tai Shui Hang Station
<i>Target Candidate(s)</i>	Adult Member and 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, Sunblock and Mosquito Repellent
<i>Application Procedure</i>	Interested members please fill in the attached <i>Application Form</i> with endorsed by Unit Commander, <b>Participant's Declaration &amp; Health Condition Declaration</b> and email to <a href="mailto:enquiry@hkacc-saf.net">enquiry@hkacc-saf.net</a> 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>	22 September 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) 2008/11  
Application Form**

(To be completed in BLOCK LETTERS)

I hereby apply for the Abseiling Activity Day (AAD1) 2008/11 on Saturday 04 October 2008 at 1430-1730 hrs

**Applicant Details**

Unit \_\_\_\_\_ Serial No \_\_\_\_\_

Rank \_\_\_\_\_ Name (in English) \_\_\_\_\_

Contact No \_\_\_\_\_ Email Address \_\_\_\_\_

**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 \_\_\_\_\_ . 2008 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 of 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 \_\_\_\_\_ . 2008 Contact Number \_\_\_\_\_

**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.



## 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 \_\_\_\_\_ .2008

### 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 _____ . 2008

## 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 _____ . 2008
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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 _____ . 2008
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



**Spring Adventure Activity Promotion Project  
Abseiling Activity Day (AAD1) 2008/11  
Unit Commander Recommendation Form**

From \_\_\_\_\_ (Unit)

**1. Nominations**

Priority	Rank	English Full Name	Serial No
1			
2			
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**2. Unit Commander Endorsement**

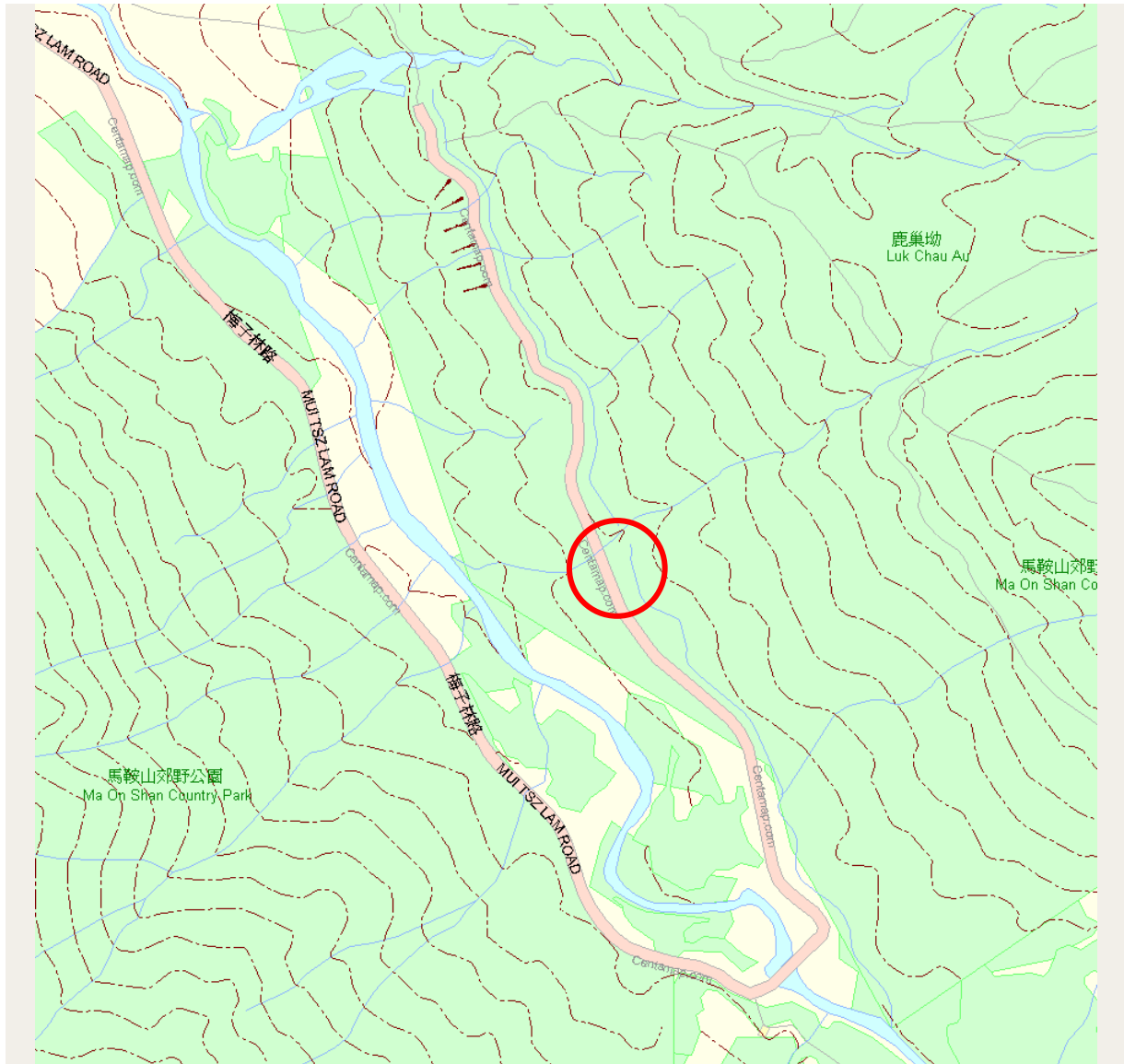
Name \_\_\_\_\_  
Rank \_\_\_\_\_  
Contact No \_\_\_\_\_

Signature \_\_\_\_\_  
Date \_\_\_\_\_  
Email \_\_\_\_\_



Appendix 1

**Location of Mui Tsz Lam, Ma On Shan Country Park**





Appendix 2

Location of Gathering Place

