## Hong Kong Air Cadet Corps Summer Camp 17

## **Cadet Application Form**

## **Personal Particulars** I. Name: in Chinese Surname Given Name (as printed in HK Identity Card) Date of Birth: \_\_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ As of 14 Aug 2017 уууу HK Identity Card No.: \_\_\_\_\_ ( ) Address: Contact: \_\_ Email Address Home Number Mobile /Number Serial Number: Unit: Level of Study: II. Service History Date of Last Promotion: Present Rank: Present Classification: Date of Advancement: Position: Duration: Have you participated in previous Summer Camp(s)? $\Box$ Yes $\Box$ No (Please check the appropriate box) If Yes, please specify: Year \_\_\_\_\_ Post \_\_\_\_ Year \_\_\_\_\_ Post \_\_\_\_\_ Post \_\_\_\_\_ Year

Post \_\_\_\_\_

Year \_\_\_\_\_

III.	Qualifications a	nd Skills				
	Please check the	e appropriate boxes.				
	First Aid Certificate	□ Yes	□ No			
		Type:		Valid Until:		
		Issuing Authority:				
	Life Saving	□ Yes	□ No			
		Type:		Valid Until:		
		Issuing Authority		******		
	Swimming	☐ Have acquired basic swimming skills and be able to swim at least 50 meters with clothes				
		□Do not have an		lls ******		
	Instructor Ratings by HKACC					
		□ Footdrill	□ Elementar	y First Aid		
		□ Expedition	□ Physical A	Achievement		
	Cheque Numb	er:	d be made payab	ble to "Hong Kong Air Cadet Corps"		
	Name of Bank	:				
V.	<u>Declaration</u>					
	information pro understand that agree that the accidents or inj problems, apart	ovided in the form the above activity n Hong Kong Air Ca uries, if any, occur	is complete ar nay involve phys adet Corps and to me during th in the "Health C	e of applicant), hereby declare that all the not true to the best of my knowledge. sical exercise and adventurous training, and its members shall not be responsible for the training. I declare that I have no healt Condition Declaration", which prevents me		
Sig	gnature of applica	ant:				
Na	ame of applicant:					
		(in E	BLOCK LETTERS)			
Da	ıte:					

## VI. 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 Summer Camp 2017 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,	Signature of parent, guardian or authorized person:						
Name of parent, guar	rdian or authorize	ed person:					
			(in BLOCK LETTERS)				
Contact number:							
Date:							
*******	******	******	**********				
To be completed by the O	rganizing Comm	ittee					
Documents checked	<ul> <li>□ Health Condition Declaration</li> <li>□ PAR-Q Form</li> <li>□ HKID Card Copies</li> <li>□ Cheque</li> </ul>						
Selection Result	□ Accepted	□ Rejected	□ Reserve				
Approval for the Camp	□ Approved	□ Not approved					
Remarks:							
All personal data will be	e kept and man	aged according to	the Corps Personal Data (Privacy)				

guidelines.