

Hong Kong Air Cadet Corps The Valiant 2025 - Twelvity



Camp Application Form

I. Personal Particulars

Name:		
Surname	Given Name (as printed in HK Identity Card)	in Chinese
Date of Birth: /	m / yyyy Age: As of	25 December 2025
HK Identity Card No.:	()	
Address:		
Contact: Home Number	Mobile /Number	Email Address
Unit:	Serial Number:	
I. Service History		
Present Rank:	Date of Last Promo	otion:
Present Classification:	Date of Advancer	ment:
Position:	Dura	ation:
Have you participated in previous If Yes, please specify:		No eck the appropriate box)
If Yes, please specify.		
Year	Post	
Year	Post	<u></u>
Year	Post	<u></u>
Year	Post	



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Please check the appropriate boxes. First Aid	III. Qualifications as	nd Skills			
Certificate	Please check the	e appropriate boxes.			
Type: Issuing Authority:		□ Yes			
Instructor Ratings by HKACC Footdrill		Type:			
Footdrill		Issuing Authority:			
IV. Declaration I	Instructor Rat	ings by HKACC			
IV. Declaration I,		□ Footdrill	□ Elementary First Aid	□ Qualified Aviation	
I,		□ Expedition	□ Physical Assessment		
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:	IV. Declaration				
Name of applicant:	information pro understand that agree that the accidents or inju- problems, apart	the above activity me Hong Kong Air Ca uries, if any, occur to from those stated in	is complete and true to the hay involve physical exercise and det Corps and its members s to me during the training. I d in the "Health Condition Decla	best of my knowledge. Ind adventurous training, and hall not be responsible for eclare that I have no health	
(IN BLUCK LETTERS)		:	DLOCK LETTERS)		
Date:	Data	(In f	DLOCK LETTERS)		



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V. 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 2025 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 to 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, gua	ardian or authorized person:	(in BLOCK LETTERS)
Contact number:		
Date:		
**************************************		************
Documents checked	☐ Health Condition Declaration☐ PAR-Q Form☐ Cheque	on
Approval for the Camp	□ Approved □ Not approve	d
Remarks:		

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