

**香港童軍總會**  
**Scout Association of Hong Kong**  
**活動 / 訓練班報名表**  
**Application Form for Activity / Course**

活動 / 訓練班名稱 Activity/Course Title
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**個人簡歷 Personal Particulars**

姓名 (中文) Name (Chinese)		姓名 (英文) (English)		
性別 Sex	出生日期 Date of Birth	身份證號碼* H.K.I.D.Card No.		
地址 Address				
電話 (辦事處) Tel.No. (Office)	(住宅) (Residence)	(手提電話/傳呼機) (Mobile/Pager)		
傳真機 Fax No.	電子郵箱 E-mail Address			
團 Section	旅 Group	區 District	地域 Region	職位 Rank
紀錄冊號碼 Record Book No.		委任證 / 委任書編號 Cert. of Appointment / Warrant No.		
緊急事故聯絡人(姓名) Emergency Contact Person (Name)		與童軍關係 Relationship to applicant	(電話) (Tel. No.)	
附加資料 Additional Information				

\*除有關活動/訓練班規定必須填寫外，此欄可選擇不填。

It is optional for you to fill in this column except the activity/course is requested.  
請於簽署前，參閱背頁所列之備註。

Before you sign this form, please refer to the remarks overleaf.

若申請人為十八歲以下，請填妥背面之家長同意書。

If applicant is under 18 years old, please complete overleaf Parent's Consent Form.

申請人簽署 Applicant's Signature: _____  日期 Date : _____	若申請人為青少年成員，請加領袖簽署及旅印。 If applicant is a youth member, please endorse with Leader's Signature and Group Chop.  領袖簽署 Leader's Signature : _____ 姓名 Name of Leader : _____ 職位 Position : _____  旅印 Group Chop:
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**辦事處專用 Office Use Only**

Received by: _____	Date: _____
Fee: _____ Cash	Cheque No.: _____ Receipt No.: _____

請用正楷填寫回郵地址 Please enter your name and correspondence address in block letters

姓名 : _____ Name 地址 : _____ Address  _____  _____	姓名 : _____ Name 地址 : _____ Address  _____  _____
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**家長同意書**  
**Parent's Consent Form**

**活動/ 訓練班資料**  
**Activity/Course Data**

舉辦日期

Date : \_\_\_\_\_

舉辦地點

Venue : \_\_\_\_\_

內容

Content : \_\_\_\_\_

**聲明**  
**Declaration**

本人已清楚上述活動 / 訓練班之主要內容，且確知敝子弟之健康情況適宜參與有關活動。現同意敝子弟\_\_\_\_\_ (姓名) 參與上述活動 / 訓練班。

I certify that I have acknowledged the content of the above activity / course and the health condition of my son / daughter is suitable for the activity. Thus, I hereby agree \_\_\_\_\_ (Name of applicant) to participate in the above activity / course.

*特別健康情況(例如敏感、哮喘等)*

*Special health condition (e.g. allergy, asthma etc)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

家長/監護人簽署

日期

\*Parent / Guardian's Signature : \_\_\_\_\_ Date : \_\_\_\_\_

家長/監護人姓名(正楷)

\*Name of Parent / Guardian : \_\_\_\_\_  
( in block letters)

\* 請刪去不適用者  
Please delete the inappropriate

\*\*\*\*\*

**備註**

**Remarks**

申請表格內填報的個人及其他有關的資料，會供本會處理申請參與活動/訓練班及有關的用途。在表格內提供的個人及其他有關資料純屬自願。然而，如果沒有正確或足夠的資料，本會可能無法處理有關的申請。

The personal data and other related information provided in the application form will be used by the Association for dealing with the application for participating in the activity/course and other related purposes. The provision of personal data and other related information by means of the application form is voluntary. However, we may not be able to process the application if no accurate or adequate data is provided.