

香港童軍總會－發展及領袖資源署  
Scout Association of Hong Kong –  
Development and Adult Resources Branch  
活動／訓練班報名表

Application Form for Activity / Course

地址：九龍柯士甸道童軍徑香港童軍中心10樓1020室

Address : Room1020, 10/F, Hong Kong Scout Centre, Scout Path, Austin Road, Kowloon

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)	電話 (住宅) (Residence)	電話 (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18歲以下，須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: _____	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.	
日期 Date : _____	領袖簽署 Leader's Signature : _____	旅印 Group Chop: _____
	姓名 Name of Leader : _____	
	職位 Position : _____	

辦事處專用 Office Use Only

經手人 Received by:	日期 Date:	
費用 Fee: HK\$	支票號碼 Cheque No.:	收據號碼 Receipt No.:

申請人請用正楷填寫回郵地址 Applicant should enter the name and correspondence address in block letters

姓名: \_\_\_\_\_  
Name  
地址: \_\_\_\_\_  
Address

姓名: \_\_\_\_\_  
Name  
地址: \_\_\_\_\_  
Address

**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

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

家長／監護人姓名（正楷）

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

日期

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

緊急聯絡電話

Emergency Contact No.: \_\_\_\_\_

\* 請刪去不適用者

Please delete the inappropriate

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備註 Remarks

1. 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.

2. 在一般情況下，報名表將於活動／訓練班完成後6個月銷毀。

Application form will normally be destroyed 6 months after completion of the activity / course.