

HONG KONG AIR CADET CORPS

Summer Camp '11

From: OIC Summer Camp '11

To: All OC Units

Ref: IA/SC11/M05

Your Ref: () in

Date: 18 June 2011

Dated:

Summer Camp 2011 – “Redefine”

Cadet Application Details

1. Summer Camp is one of the biggest corps events and is recognized as an annual camp. Summer Camp 2011 is now open to **Cadet Members** for application. Application details for Adult Members would be in due course.
2. Summer Camp 2011 aims at providing experiences on semi-military like training. Summer Camp 2011 shall provide the participants an opportunity to experience various outdoor adventures and improve their physical fitness through continuous training. The details are as follows:

Summer Camp 2011

Date: 15 August 2011 (Monday) to 21 August 2011 (Sunday)

Venue: YMCA Wu Kwai Sha Youth Village

Eligibility: (i) Basic Cadet or above; and
(ii) With 6 months of service or above

Camp fee: HK\$ 580 (Cadets can apply “Assistance Scheme for Needy Students”)

Camp Size: 160 Cadet Members

Restrictions: (i) Cadets must participate in full camp (include selection and briefing); and
(ii) No replacement or refund after shortlisted

Remark: A selection exercise (physical fitness test) may be conducted depending on the number of applicants.

Other Important dates for Summer Camp 2011

<u>Date</u>	<u>Event</u>
25 June to 9 July 2011	Open Application for Cadet Members
9 July 2011	Application Deadline
16 July to 17 July 2011	NCOs Workshop
6 August 2011	Summer Camp 2011 Selection and Briefing
7 August 2011	NCOs Workshop

3. **Interested Cadets** please submit the following to their respective OC Units:
- (i) Application Form (Annex I);
 - (ii) Health Condition Declaration Form (Annex II);
 - (iii) PAR-Q Form [體能活動適應能力問卷] (Annex III);
 - (iv) GFS Form OM 272 (Annex IV); and
 - (v) A crossed cheque of HK\$580 made payable to “HONG KONG AIR CADET CORPS” with the following written at the back of the cheque:
 - (a) Unit
 - (b) Rank of the Cadet
 - (c) Full English name of the Cadet;
 - (d) Serial number of the Cadet; and
 - (e) Contact Number of the Cadet.
4. **OC Units** please endorse the applications by filling the Unit Commander Recommendation Form (Annex V), and nominate the applicants in order of priority. The completed **Unit Commander Recommendation Form**, together with **all items described in Point (3)** above, should be **placed in an envelope** and submitted to the HQ (Attn: Summer Camp 2011 OIC) on or before **1800hrs, 9 July 2011**. Late submission, incomplete application and/ or recommendation would be excluded from selection.
5. For enquiry, please email to acc.sc2011@gmail.com or contact me (96509368 / curtismak@gmail.com).

Curtis C H MAK
Ag Sqn Ldr
OIC Summer Camp '11

Encl.

c.c. CO; DCO(Ops); DCO (Trg); CSO; OC Ops; OC Wings; HQ; HKACC Official Web-site

香港航空青年團
HONG KONG AIR CADET CORPS
二零一一年夏令營
參加表格
Summer Camp 2011
Application Form

注意事項:

- 請以**正楷**填寫此參加表格。
- 請將填妥的參加表格，連同「健康狀況聲明」、「體能活動適應能力問卷」、「GFS Form OM 272」及劃線支票交回**所屬單位主管**。

Points to Note:

- Please complete this Application Form in **BLOCK LETTERS**.
- Please submit the completed Application Form, together with 'Health Condition Declaration', 'PAR-Q Form', 'GFS Form OM 272' and the crossed cheque to **respective OC Unit**.

I. 個人資料 Personal Particulars

姓名:

Name:

姓 Surname

名 Other Name

中文 Chinese

(與香港身分證相同 as printed on HKID Card)

出生日期 (日/月/年):

Date of Birth (dd/mm/yyyy):

____ / ____ / ____

年齡 (至 2011 年 8 月 15 日):

Age as at 15th August 2011:

身份證號碼:

HK Identity Card No:

()

住址:

Home Address:

聯絡電話:

Contact Numbers:

住宅 Home

公司 Office

傳呼機/手提 Pager/Mobile

II. 服務紀錄 Service History

部門:

Unit:

團員編號:

Serial Number:

現役階級:

Present Rank:

最近晉升日期:

Date of Last Promotion:

現時等級及完成日期:

Present Classification & Date of Advancement:

職位:

Position:

持續期:

Duration:

III. 你有否參加過以往的夏令營? 有 否

Have you ever participated in any Summer Camp? YES NO

(請在適當的方格內加上「✓」號 Please put a '✓' in an appropriate box)

假如**曾經**參與, 請詳細列明:

If **YES**, please specify:

年度:

Year:

擔任職務:

Position Held:

年度:

Year:

擔任職務:

Position Held:

年度:

Year:

擔任職務:

Position Held:

年度:

Year:

擔任職務:

Position Held:

IV. 認可資格/技能 (請在適當的方格內加上「✓」號)

Qualifications/ Skills (Please put a '✓' in appropriate box(es))

急救證書 有 YES 沒有 NO

First-aid

Certificate

種類:

Type: _____

有效日期至:

Valid Until: _____

頒授機構:

Issuing Authority: _____

拯溺

Life Saving

有 YES 沒有 NO

種類:

Type: _____

有效日期至:

Valid Until: _____

頒授機構:

Issuing Authority: _____

游泳

Swimming

掌握基本泳術，能穿著衣服游泳最少五十米

Acquire basic swimming skills and be able to swim at least 50 metres with clothes

未能掌握基本泳術

Do not acquire basic swimming skills

V. 營費繳付 (劃線支票抬頭請書「香港航空青年團」)

Payment of Camp Fee (Crossed cheque should be made payable to 'HONG KONG AIR CADET CORPS')

劃線支票號碼:

Crossed Cheque No: _____

金額:

Amount: _____

HK\$ 580.00

銀行名稱:

Bank Name: _____

VI. 參加者聲明

Declaration by Applicant

本人 _____ (申請人姓名) 聲明此參加表格所載的一切資料依本人所知均屬真實，並無遺漏。本人明白上述課程/活動可能包括體能及歷險訓練成份，如本人在參與課程/活動期間遭遇意外受傷，本人同意香港航空青年團及其安排活動的有關人士無須負上任何責任。本人身體並無任何健康問題令本人不適宜參與上述課程/活動。

I, _____ (*Name of Applicant*) declare that all the information provided by me in this application form is complete and true to the best of my knowledge. 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.

申請人簽署:

Signature of Applicant: _____

申請人姓名:

Name of Applicant: _____

(正楷 In BLOCK LETTERS)

日期:

Date: _____

VII. 參加者家長 / 監護人或授權人聲明書

Declaration by Applicant's Parent / Guardian or Person Authorized by Applicant's Parent / Guardian

二十一歲以下的參加者須由家長/監護人或經其家長/監護人授權者填寫此同意書(家長/監護人或「獲授權人」必須為十八歲或以上人士)。

*This consent form should be completed by parent/guardian of participant **under the age of 21** or by person authorized by their parent/guardian (parent/guardian or authorized person should be at 18 years of age of above).*

本人同意參加者參加上述課程/活動，並聲明他/她身體並無任何疾病，令他/她不宜參加此項課程/活動。如果因參加者的疏忽或體能欠佳，以致在參加這項課程/活動時傷亡，香港航空青年團及其安排課程/活動的有關人士無須負上任何責任。

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.

家長/監護人或獲授權人簽署:

Parent / Guardian/ Authorized Person's Signature:

家長/監護人或獲授權人姓名:

Name of Parent / Guardian/ Authorized Person:

(正楷 In BLOCK LETTERS)

聯絡電話號碼:

Contact Telephone Number:

日期:

Date:

To be completed by Committee

1. Crossed Cheque

Received

Not Yet Received

2. Recommendation from OC Unit

Received

Not Yet Received

3. Selection Result

Accepted

Rejected

Reserved

4. Approval by Summer Camp Committee

Approved

Not Approved

Remarks (if any): _____

Name:

Signature:

Rank:

Post:

Date:

香港航空青年團
HONG KONG AIR CADET CORPS

團員姓名

Name of Member

身份證號碼

HKIC Number

團員編號

Serial Number

健康狀況聲明

HEALTH CONDITION DECLARATION

If it cannot be confirmed and declared that the Member is free from any medical concerns, please circle 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打圈，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

Othorhinolaryngological 耳鼻喉

Acute otitis media or externa 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 judgement

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

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 unioocular 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:

日期

Date

/ /

補充資料(如適用) Further Information (if appropriate)

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* 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。

*Delete as appropriate 刪去不適用

Additional Comments (if any) 補充資料〔如適用〕： _____

Name of Physician 醫生姓名： _____ Signature 簽名： _____
Address 地址： _____
Telephone 電話： _____ Date 日期： _____

CONTACT PERSON IN CASE OF EMERGENCIES 遇上緊急事故時的聯絡人

Name 姓名： _____
Address 地址： _____
Telephone 電話： _____

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： _____

Parent's/Guardian's name (if the member is under 21 years of age)
家長/監護人姓名〔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： _____

Remarks by HQ HKACC 香港航空青年團總部批註

香港航空青年團

二零一一年夏令營

體能活動適應能力問卷

單位	
職級	
團員編號	
姓名	
身份證號碼	

請先回答下列 7 條問題。如果你介乎 11-69 歲之間，這份體能活動適應能力問卷會告訴你應否在開始前諮詢醫生。**如果你超過 69 歲及沒有經常運動，請徵詢醫生的意見。**

普通常識是回答這些問題的最佳指引。請仔細閱讀下列問題，然後誠實回答：

請答「是」或「否」

	是	否	問題
1.	<input type="checkbox"/>	<input type="checkbox"/>	醫生曾否說過你的心臟有問題，以及只可進行醫生建議的體能活動？
2.	<input type="checkbox"/>	<input type="checkbox"/>	你進行體能活動時，是否感到胸口痛？
3.	<input type="checkbox"/>	<input type="checkbox"/>	過去一個月，你曾否在沒有進行體能活動時也感到胸口痛？
4.	<input type="checkbox"/>	<input type="checkbox"/>	你曾否因感到暈眩而失去平衡，或曾否失去知覺？
5.	<input type="checkbox"/>	<input type="checkbox"/>	你的骨骼或關節是否有毛病？且會因改變體能活動而惡化？
6.	<input type="checkbox"/>	<input type="checkbox"/>	醫生現時是否有給你一些有關血壓或心臟藥物(例如去水丸)給你服用？
7.	<input type="checkbox"/>	<input type="checkbox"/>	是否有其他理由令你不應進行體能活動？

如果你的答案「是」：

一條或以上答「是」	全部答「否」
在開始增加運動量或進行體能評估前，先致電或親身與醫生商談，告訴醫生這份問卷，以及你答「是」的問題。	如果你對體能活動適應能力問卷的全部問題誠實地答「否」，你可合理地相信你可以：
<ul style="list-style-type: none"> ◆ 只要在開始時慢慢進行，然後逐漸增加，你可以進行任何活動；又或者你須受限制，只可進行那些對你安全的活動。告訴醫生你希望參加的活動及聽從他的意見。 ◆ 找出那些對你安全及有幫助的社區活動？ 	<ul style="list-style-type: none"> ◆ 開始增加運動量一開始時慢慢進行，然後逐漸增加，這是最安全和最容易的方法。 ◆ 參加體能評估，這是一種確定基本體能的好方法，以便你擬定最佳的運動計劃。

延遲增加運動量：

<ul style="list-style-type: none"> ◆ 如果你因傷風或發燒等暫時性疾病而感到不適，請在康復後才增加運動量；或 ◆ 如果你懷孕可能懷孕，請先徵詢醫生的意見或更改你的體能活動。

加拿大運動生理學會及其代理人毋須為進行體能活動的人承擔責任。如填妥問卷後有疑問，請先徵詢醫生的意見，然後進行體能活動。

此問卷有效期為一年

根據加拿大運動生理學會指引，任何人士均歡迎使用及影印此問卷，惟必須整份問卷影印，不能祇選取部份內容。

參加者姓名: _____

參加者簽名: _____

參加者身份證號碼: _____

日期: _____

18歲以下的參加者須由家長/監護人填寫下列「同意書」：

本人已詳閱以上各項資料，茲證明在本表格內填寫的各項內容均屬正確，並允許小女/ 小兒*參加是項活動。如小女/ 小兒*不遵照大會指示進行活動，而發生之意外，主辦單位毋須負任何責任。

家長/監護人姓名：_____ 與參加者關係：_____

家長/監護人簽署：_____ 日期：_____

*請刪去不適用者

致：政府飛行服務隊總監

政府飛行服務隊提供的服務

有關本人要求貴部門在_____ (請填上日期)
提供由 _____ 至 _____ (請說明服務內容) 的免費飛行服務
一事，已獲貴部門批准。謹此聲明，本人願意承擔是次飛行的一切後果，並同意，
任何因貴部門提供是項服務而引致或與之有關的人命傷亡 (因香港特別行政區政
府、其僱員或代理人疏忽或出錯而引致者例外) 或本人蒙受的損失或損害，本人概
不向香港特別行政區政府、其僱員或代理人追究責任。

簽署: _____ 簽署: _____

姓名: _____ 姓名: _____

護照/香港身份證號碼: _____ 護照/香港身份證號碼: _____

日期: _____ 日期: _____
(學員) (家長)

備註:

請注意你所提供的資料將會用於非公職人員申請使用政府飛行服務隊提供的飛行服務事宜。本部門基於上述目的，或會向
其它政府部門或機構透露此資料。你必需提供你的個人資料是必須的。你有權要求查閱或改正你在此表格提供之個人資
料。你可以用書面向政府飛行服務隊副部門主任秘書，即「保障個人資料《私隱》主任」提出是項申請。

Annex V – Unit Commander
Recommendation Form

HONG KONG AIR CADET CORPS
Summer Camp 2011
Unit Commander Recommendation Form

From: _____ (Unit)

I. Nominations			
Priority	Rank	English Full Name	Serial No.
1			
2			
3			
4			
5			
6			
7			
8			
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12			
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27			
28			
29			
30			

** Please use separate sheet(s) if necessary.*

II. Unit Commander Endorsement

Name: _____ Signature: _____
 Unit: _____ Date: _____
 Contact No.: _____ Email: _____