



**IV. 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 Training Camp 2024 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, guardian or authorized person: \_\_\_\_\_

Name of parent, guardian or authorized person: \_\_\_\_\_  
(in BLOCK LETTERS)

Contact number: \_\_\_\_\_

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

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***To be completed by the Organizing Committee***

- Documents Checked
- Google Form
  - Application Form
  - Health Condition Declaration
  - PAR-Q Form
  - GFS Form
  - HK\$550 Cheque

Selection Result       Accepted     Rejected     Reserve

Joining Approval       Approved     Not Approved

Remarks: \_\_\_\_\_

All personal data will be kept and managed according to the Corps Personal Data (Privacy) Guidelines.

香港航空青年團  
HONG KONG AIR CADET CORPS  
夏令訓練營二零二四  
Summer Training Camp 2024

團員姓名

Name of Member

身份證號碼

HKID 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

## Otorhinolaryngological 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 unocular 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* 上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： \_\_\_\_\_

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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： \_\_\_\_\_

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Remarks by HQ HKACC 香港航空青年團總部批註

**香港航空青年團**  
**體能活動適應能力問卷**

請仔細閱讀下列問題，然後誠實作答：

請答「是」或「否」

如填妥問卷後有疑問，請先徵詢醫生意見，然後才進行體能活動。

是	否
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

如果你的答案是：	<b>一條或以上答「是」</b>
	在開始增加運動量或進行體能評估前，請先致電或親身與醫生商談，告知醫生這份問卷，以及你回答「是」的問題。 <ul style="list-style-type: none"><li>• 你可以進行任何活動，但須在開始時慢慢進行，然後逐漸增加活動量；又或你只可進行一些安全的活動。告訴醫生你希望參加的活動及聽從他的意見。</li><li>• 找出一些安全及有益健康的社區活動。</li></ul>

<b>全部答「否」</b>
如果你對這份問卷的全部問題誠實地答「否」，你有理由確信你可以： <ul style="list-style-type: none"><li>• 開始增加運動量 - 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。</li><li>• 參加體能評估 - 這是一種確定你基本體能的好方法，以便你擬定最佳的運動計劃。此外，亦主張你量度血壓；如果讀數超過 144/94，請先徵詢醫生的意見，然後才逐漸增加運動量。</li></ul>

→ <b>遲增加運動量：</b>
<ul style="list-style-type: none"><li>• 如果你因傷風或發燒等暫時性疾病而感到不適<ul style="list-style-type: none"><li>- 請在康復後才增加運動量；或</li></ul></li><li>• 如果你懷孕或可能懷孕<ul style="list-style-type: none"><li>- 請先徵詢醫生的意見，然後才決定是否增加運動量。</li></ul></li></ul>

請注意：如因健康狀況轉變，致使你隨後須回答「是」的話，便應告知醫生或健身教練，看看應否更改你的體能活動計劃。

本人已閱悉，明白並填妥本問卷。

姓名： \_\_\_\_\_ (中文) \_\_\_\_\_ (英文)  
年 齡： \_\_\_\_\_ 性 別： \_\_\_\_\_  
所屬單位： \_\_\_\_\_ 團員編號： \_\_\_\_\_  
聯絡電話： \_\_\_\_\_ 電 郵： \_\_\_\_\_  
有效之急救証書，簽發機構和簽發日期： \_\_\_\_\_

## 參加者聲明：

本人(在下方簽署者)，聲明以上填報資料均真確無訛，並為事實之全部。本人同意香港航空青年團使用本人之個人資料，以作行政、活動籌備及緊急事故上之安排。

本人同意遵守所有香港航空青年團訓練守則，尤其在活動進行期間，不飲酒、不吸煙、不使用違禁藥物，並積極參與各項活動，盡力與工作人員及他人合作。本人明白倘若有違反守則或指引，可能會被香港航空青年團終止參與是項活動。

本人明白活動牽涉體能運動，並且要求嚴格。據本人所知所信，並無任何健康或其他理由導致本人不宜參加是項香港航空青年團訓練。本人健康狀況良好，並無隱瞞任何既有之健康或心理問題或過敏症。

本人明白香港航空青年團訓練工作人員會盡力照顧及監管參加者。假如在活動進行期間，本人因有不負責任的行為，而導致他人受傷或其財物受到損毀，香港航空青年團及其工作人員將不須負任何責任。本人也明白，若本人不遵守香港航空青年團訓練工作人員的安全指引，而最終導致他人受傷或其財物受到損毀，本人須負上責任。

本人願意遵守是次活動的一切章程及規則。本人明白本活動可能涉及歷險成份，如本人於參與活動期間遭遇意外，香港航空青年團及有關人仕將毋須承擔任何責任。若在參與活動期間需要接受治療，本人亦同意由註冊醫生給予診斷及醫治。

活動期間，如發生緊急事故，請聯絡：

姓名：\_\_\_\_\_ 關係：\_\_\_\_\_

聯絡電話：\_\_\_\_\_

本人在所有表格上填報之所有資料，均屬正確無誤。

參加者姓名：\_\_\_\_\_ 參加者家長姓名：\_\_\_\_\_

參加者簽署：\_\_\_\_\_ 參加者家長簽署：\_\_\_\_\_

日期：\_\_\_\_\_

To : The Controller  
Government Flying Service

**Services Rendered by the Government Flying Service**

In consideration of your agreeing, at my request, to provide me with free flying services from \_\_\_ GFS \_\_\_ to \_\_\_ GFS \_\_\_ (please insert appropriate description of the services) on \_\_\_\_\_ (please insert date), I hereby acknowledge that I am flying at my own risk and I agree that I shall not hold the Hong Kong Special Administrative Region Government, its employees or agents liable for personal injury or death except if the aforesaid in negligent or in default or for any other loss or damage suffered by me in connection with or as a result of your provision of the said services.

Passenger Name : \_\_\_\_\_ Date \_\_\_\_\_

Signature : \_\_\_\_\_

Passport No. / HKID No. : \_\_\_\_\_

In the case passenger under 18

Name of Guardian : \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian : \_\_\_\_\_

Passport No. / HKID No. : \_\_\_\_\_

**Note :**

Please note that the information provided will be used for non-government personnel, who wish to fly with the Government Flying Service at their request. The Department may disclose the information to other departments / agencies for the purposes mentioned above. The provision of personal data is obligatory. You have the right to request access to or correction of personal data provided on this form. Such requests can be made in writing to Deputy Departmental Secretary (i.e. the Personal Data Privacy Officer) of Government Flying Service.