



III. Qualifications and Skills

Please check the appropriate boxes.

First Aid Certificate       Yes                       No

Type: \_\_\_\_\_ Valid Until: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

\*\*\*\*\*

Life Saving               Yes                       No

Type: \_\_\_\_\_ Valid Until: \_\_\_\_\_

Issuing Authority: \_\_\_\_\_

\*\*\*\*\*

Swimming       Have acquired basic swimming skills and be able to swim at least 50 metres with clothes

Do not have any swimming skills

\*\*\*\*\*

Instructor Ratings by HKACC

- Drill                       Elementary First Aid
- Expedition               Physical Achievement

IV. Payment

A crossed cheque of HK\$450 should be made payable to “Hong Kong Air Cadet Corps”

Cheque Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

V. Declaration

I, \_\_\_\_\_ (name of applicant), hereby declare that all the 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: \_\_\_\_\_

(in BLOCK LETTERS)

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

VI. 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 Camp 2012 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: \_\_\_\_\_

\*\*\*\*\*

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

Documents checked       Health Condition Declaration  
                                   PAR-Q Form  
                                   GFS Form OM272  
                                   HKID and Student Card Copies  
                                   Cheque

Selection Result       Accepted     Rejected       Reserve

Approval for the Camp     Approved     Not approved

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

**香港航空青年團**  
**HONG KONG AIR CADET CORPS**  
**夏令營 2012**  
**Summer Camp 2012**

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

**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 concerns 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

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。