



The Friends of Scouting Jockey Club Long Ping Service Centre for Children & Youth
Family Activities Application Form

Activities & Contact Information

Activity Name : _____ Activity code : _____

Mobile No. : _____ Tel No. : _____

Family Participants Information

| | Name | Membership no. | Gender | Age | Relationship with the applicant | Fee(\$) | Receipt no. |
|----------------|------|----------------|--------|-----|---------------------------------|---------|-------------|
| 1 | | | | | Applicant | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| Total : | | | | | | | |

※ Not required to fill in if membership exists ※

Address : _____

E-mail : _____

Special Information : Any allergies, serious illnesses or special concerns? (e.g. Asthma, Epilepsy, ADHD)

If yes, please describe : _____

Disclaimer :

1. I have clearly checked and confirmed with all course/activity time and date. I understand that program fee paid is normally non-refundable except in the case of cancellation.
2. I acknowledge that Friends of Scouting will take photographs , video-tape or audio-record of the programs / activities, and use such photo(s), image(s), audio(s) and video(s) in any media or format such as web pages, press releases, leaflets and Facebook page.
3. I understand that fees and quotas of the program are non-exchangeable and non-transferable. Only enrolled participants are allowed to attend the programs. For any vacancy, the quota will be allotted to other applicants.
4. I hereby declare that I am healthy, physically fit and suitable for the activity. If there is any loss or injury or casualty accident occurred during the event, I clearly stated that I am fully responsible for, and no responsibility will be held to the individual and/or organization of the Friends of Scouting, or claim for any forms of compensation.

Signature of Applicant : _____ Date : _____

Remark : The Friends of Scouting reserves the right to alter program content, date and/or time and the right to cancel any program, in which case the fee paid will be refunded. Participants will be notified for such cases. For a refund application, please refer to the refund procedures.

Official use only

Received Date : _____ Staff's Signature : _____