



## The Friends of Scouting Jockey Club Long Ping Service Centre for C&Y Program / Interest Class Enrollment Form

### Particulars of Participant

Name : \_\_\_\_\_ Gender : \* M / F \* Please delete as appropriate Age : \_\_\_\_\_  
Membership No. : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Parent's contact No. : \_\_\_\_\_ Telephone No. : \_\_\_\_\_  
Education Level : \_\_\_\_\_

※ Not required to fill in if membership exists ※

Address : \_\_\_\_\_  
Email : \_\_\_\_\_  
Occupation / School Name : \_\_\_\_\_

### Program / Interest Class Information

Program Code	Name of Program / Interest class	Staff use only			
		Fee (\$)	Receipt No.	Date	Staff's signature
Total :					

**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.

**I hereby declare that I agree to allow the applicant to participate in the above activity, and that he/she is healthy, physically fit and suitable for the activity.**

Signature of Applicant : \_\_\_\_\_ Date : \_\_\_\_\_

**Declaration by Parent/Guardian of Applicant aged 6 to 14 (The parent/guardian must be aged 18 or above)**

Signature of Parent / Guardian : \_\_\_\_\_ 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.