

# KONG CHOW WUI KOON SUMMER CAMP PARTICIPATION FORM

## 参与者资料 / PARTICIPANT INFORMATION

Name (as in Passport):		姓名:
身份证 / NRIC:	护照号码/ Passport No:	护照有效期/ Passport Expiry Date:
生日/Date of birth:	性/Gender:          Male / Female	族/Race:
宗教/Religion:	婚姻状况/Marital Status:	民族/Nationality:
地址/Address:		邮政编码/ Postal Code:
电话/Tel:	传真/Fax:	手机/HP:
电邮/Email:		

## 补充资料 / ADDITIONAL INFORMATION

职业/Current Occupation:	职位 / Designation:
公司/Organization:	
您有没有什么特别的饮料需求/Any special food requirements: Muslim halal/ Vegetarian/ Others (Please specify):	

## 医疗资料/MEDICAL INFORMATION

您有任何已知的医疗状况 / Any known medical conditions:	
您有任何已知的过敏 / Any known allergies:	
血型 / Blood Type:	血型 Rh 因/Blood Rh:          Positive/Negative
您目前有服用任何药物 / Any current medication:	

## 紧急联络 / EMERGENCY CONTACT

姓名 / Name:	
地址/Address:	邮政编码/ Postal Code:
跟参与者的关系 / Relationship to Participant:	

## 旅游保险资料 / TRAVEL INSURANCE

保险公司 / Insurance company:	
保险政策号码 / Insurance Policy No:	保险公司联络号码 / Contact No:

## 条款和条件 / TERMS AND CONDITIONS

Please read the following Terms and Conditions carefully. By participating in this activity, you hereby agree to abide by all the Terms and Conditions set out herein.	
<ol style="list-style-type: none"> <li>1. All individual participating understand the risks and take full responsibility should any mishap, injury, death and property loss or damage during the activity, and will not hold the organizers responsible or liable.</li> <li>2. The activity organizers reserve the right to discipline any participant should he/she not conduct himself/herself acceptably and with good manners, or should he/she act in any way that is detrimental to the image and name of the organizer, the clan and the nation.</li> <li>3. All information provided above by the participant is true and correct.</li> <li>4. Participants with known medical conditions, known allergies and who are currently on medication, as declared above, understand the risk of participating given their medical statuses and take full responsibility for any incident that should arise due to the declared medical conditions, allergies or medication.</li> </ol>	
Signature of applicant:	Date: