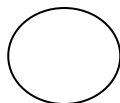




元朗大會堂賽馬會元朗青少年綜合服務中心

### 個人活動報名表



活動編號：\_\_\_\_\_活動名稱：\_\_\_\_\_

參加者姓名：\_\_\_\_\_年齡：\_\_\_\_\_

會員証編號：必須填寫 \_\_\_\_\_ ( ) 性別：\_\_\_\_\_

聯絡電話：(日) \_\_\_\_\_ (夜/手提) \_\_\_\_\_

1. 根據個人資料(私隱)聲明，閣下向本中心所提供的一切資料出於自願，只作處理活動報名、統計、日後聯絡及本中心與合辦機構的報名事宜之用，並會保密處理。假如閣下要求查詢、更改或刪除個人資料，本中心將樂意效勞。
2. 於活動中所有拍攝或攝錄的有關製成品只用作本中心之宣傳、製作刊物、展覽及活動報告之用。

以下簽名證明本人已閱讀及同意所有印在此表格上的條件及聲明。

申請人簽署：\_\_\_\_\_日期：\_\_\_\_\_

\*\*\* 凡十四歲以下參加者必須由家長簽署同意出席上述活動，  
並願意遵守一切活動規則。  
否則，若有意外或損傷皆由個人負責。

家長姓名：\_\_\_\_\_家長簽署：\_\_\_\_\_

\* \* \* \* \*

辦事處專用

留表

費用：\_\_\_\_\_

收據編號：\_\_\_\_\_

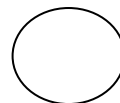
職員簽署：\_\_\_\_\_

日期：\_\_\_\_\_



YUEN LONG TOWN HALL JOCKEY CLUB  
YUEN LONG CHILDREN & YOUTH INTEGRATED SERVICE CENTRE

### Enrolment Form For Personal Activity



Activity Code: \_\_\_\_\_ Activity Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Membership Card No.: Required \_\_\_\_\_ ( ) Gender: \_\_\_\_\_

Contact Tel. No.: (Day) \_\_\_\_\_ (Night/Mobile) \_\_\_\_\_

1. According to the Personal Data (Privacy) Ordinance, all the information you provided is voluntary and will only be used for event registration, statistics, future contact and relevant registration of us and co-organizers, and will be confidential. If you request to inquire, modify or delete your personal information, please feel free to contact us.
2. All the related finished products photographed or recorded in the event are only used for the promotion, publication, exhibition and event report of the centre.

The signature below certifies that I have read and agree to the above conditions and statements.

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

\*\*\* All participants under the age of 14 must be signed by their parents to agree to participate in the above activity, and willing to abide by all the rules of activity.  
Otherwise, any accident or injury is the participant's personal responsibility of the individual.

Parent's Name: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

\* \* \* \* \*

Office use only

Queue

Fee: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

Signature of Staff: \_\_\_\_\_

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