

H.K.S.K.H. Lady MacLehose Centre

Program/ Course Registration Form (For members & Non- Members)

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(Effective date: 1.9.2000) (Amended date: 16.11.2022)

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								Progra Cours	am/ e Date							
	Name of Particip (Use Block Lette				Membership no. (Not Applicable for Non- Member)		C	Contact no.		Relationship with Participant No. 1			Fee \$ Fee (Member) (Non- Me			
1																
2																
3																
4																
5																
	Form Filling Date: Total Fee \$															
Address of Non- Member:																
Remarks: Your personal information will only be used for agency statistics, record and promotion. (If you are willing to receive message/ want to collect/ amend your personal information from agency, please inform us by written format.)																
	Application Confirmation:										ponsil	bility	Stat	tement"	&	
Signature of Participants:																
	If applicant is under 18, signature and information of parents/ guardian are required at the right column.) * Name of parent/ guardian Relationship Contact no.).			
I	Participant(1)						Time of parents game and					1				
	Participant(2)															
I	Participant(3)															
I	Participant(4)	• ' '											_ _			
I	Participant(5)															
	·					* Please delete as appropriate										
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Registration via mail:																
Please post this form, together with the crossed cheque & self-addressed stamped envelope, with written name of the course/ activity on the envelope, to our agency, No.22, Wo Yi Hop Road, Kwai Chung, N.T.																
Agency only accepts cheque payable attention to: *1." HKSKH Lady MacLehose Centre "or																
	*2." H.K.S.K.H.					•	- C-11	•								
*1 or 2 is accepted by the bank. The full name is as follows: "H.K.S.K.H. Lady MacLehose Centre, wholly owned By Hong Kong Sheng Kung Hui Welfare Council Limited"																
For Agency Only																
Receipt no. : Staff/I				Date:	;					Re	Remarks:					
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Attachment

Statement of Responsibility:

Applicant or his/her guardian is responsible to make sure the mental and physical status of applicant is capable to attend the applied course & activity and follow the regulation of the agency. Applicant should declare his/her health and physical ability are suitable to attend the above-mentioned course/activity.

While undergoing the course/activity, in case of any personal loss of property or casualties that are caused by irresponsible behaviors, personal negligence, mental and health or related inability of applicant, agency will not take the responsibility.

I have read, understood and accepted the above statement of responsibility in applying the course/activity.

I hereby agree to participate the course/activity, and understand I/ the person under my guardianship have to follow the regulation of agency.

Agreement of using personal information:

- 1. I totally understand and agree the reason(s) of H.K.S.K.H. Lady MacLehose Centre collecting my personal information, due to my application of service provided by agency. I agree the information collected will be passed along to staff for the handling of my application.
- 2. I am willing to provide my information. It would be my responsibility if I do not provide enough personal information that, agency may not be able to handle or provide related service.
- 3. I understand that I have to make sure the accuracy of all information provided. I will be responsible to inform the agency if there is any amendment of my information provided; or I will be responsible if there is any delay of service provided due to wrong information provided.
- 4. I provide my family members/ children/ relatives/ friends' information under their consents.
- 5. I understand the information provided will be destroyed after third year of service completed.
- 6. Besides the exemptions of Personal Data (Privacy) Ordinance, I understand that I have the right to apply for checking and amending my personal information that is stored in the agency. I understand I can contact the Director of H.K.S.K.H. Lady MacLehose Centre, by the address: No. 22, Wo Yi Hop Road, Kwai Chung, N.T., and contact number: 24235265 for enquiry and application.