

**Updating of Information**   
Please tick the box for duplicate submission of the enrolment form to update information



**Leisure and Cultural Services Department**  
**ENROLMENT FORM FOR RECREATION AND SPORTS ACTIVITIES**  
**(HOLIDAY CAMPS AND GROUP ACTIVITIES)**

LCS638a (Revised in April 2019)

For Office Use	
Full Rate ___ person(s)	Concessionary Rate ___ person(s)

**Notes to Applicants**

- Applicants and members/members aged under 18 and their parents/guardians will be deemed to have read and agreed to abide by the provisions set out in the prospectus/the enrolment form once the enrolment form is submitted.
- Applicants shall complete all part, sign the declaration and tick the appropriate box(es). If an application contains incomplete or inaccurate information, or if there is duplicate submission of enrolment forms, the application will not be considered and no notice will be given.
- For recreation and sports activities that require accommodation in holiday camps, please contact the relevant District Leisure Services Office that organises the activities in advance to enquire about room capacity.
- Please refer to the prospectus or programme information sheet for activity fees. The original or a copy of the identity documents of applicants and members shall be produced upon payment/collection of permits for verification of their eligibility for participation and/or concessionary rate.
- Meal charges are not included in enrolment fees for the activities and shall be paid separately by campers and excursion participants.
- To submit the enrolment forms by post, please make sure that all mail items bear sufficient postage. This Department will not accept any underpaid mail items and such items will be handled by the Hongkong Post. For calculation of postage, please refer to the Hongkong Post's website ([http://www.hongkongpost.hk/en/postage\\_calculator/index.html](http://www.hongkongpost.hk/en/postage_calculator/index.html)).
- The information provided will only be used by the LCSD for purposes relating to enrolment, announcement of ballot results, compilation of statistics, future contact and opinion survey. Only staff duly authorised by the LCSD will be given access to your personal data. For correction of or access to the personal data you have submitted, please contact the counter staff of the relevant District Leisure Services Office.

Programme No.	Name of Programme
---------------	-------------------

**I. Particulars of Applicant** (Applicant must be aged 18 or above)

Name: \_\_\_\_\_ Identity Document No.: \_\_\_\_\_  
(as shown in the identity document)

Please tick the box if the applicant is one of the members

Please tick the box if the applicant is a non-Hong Kong Identity Card holder

Date of Birth: 

Day	Month

Year	Year	Year	Year

Sex:  Male  Female

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

#Name of Emergency Contact Person: \_\_\_\_\_ #Tel. No. of Emergency Contact Person: \_\_\_\_\_

*(Items marked with “#” are optional. Please consider whether the consent of the emergency contact person should be obtained before providing his/her information and contact number.)*

**II. Particulars of Group Members** **Team Name (if applicable):** \_\_\_\_\_

No.	Name (as shown in the identity document)	Identity Document No. (Please tick the box if the applicant is a non-Hong Kong Identity Card holder)	Date of Birth (Day/Month/Year)	Sex
1		<input type="checkbox"/>		
2		<input type="checkbox"/>		
3		<input type="checkbox"/>		
4		<input type="checkbox"/>		
5		<input type="checkbox"/>		
6		<input type="checkbox"/>		
7		<input type="checkbox"/>		
8		<input type="checkbox"/>		
9		<input type="checkbox"/>		
10		<input type="checkbox"/>		

Please use another enrolment form if there is not enough space.

**III. Declaration**

I hereby declare that all information given above is true and correct and that all members aged under 18 have sought their parents'/guardians' consent to their participation in the above activity. All members and I are healthy, physically fit and suitable to participate in the above activity.

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

Return Address Labels (Fax no. or address must be provided)

Name : _____ Fax No. : _____ Address : _____ _____	Name : _____ Fax No. : _____ Address : _____ _____
---	---