

保良局賽馬會北潭涌度假營 / 保良局賽馬會大棠渡假村
Po Leung Kuk Jockey Club Pak Tam Chung Holiday Camp / Po Leung Kuk Jockey Club Tai Tong Holiday Camp

營友資料/健康申報表格

Personal Information/Health Declaration Form

團體 / 家庭名稱

Name of Organization / Family _____

入營日期 由 _____ 至 _____ (日營 / 下午營 / 宿營)
Camping Period From _____ To _____ (Day Camp / Happy Hour Camp / Residential Camp)

申請人姓名 聯絡電話 手機
Name of Applicant _____ Contact Tel No. _____ Mobile No. _____

團體人數 位
No. of Camper _____

營友資料

Personal Information

No.	申請人姓名 Applicant Name	年齡 Age	性別 Sex	證件號碼 (頭5個字) ID No. / Passport No. (First 5 Character)	聯絡電話 Contact Tel No.	香港居民 HK Resident		疫苗通行證是藍碼 Blue Code in Vaccine Pass		未有智能手機的兒童/長者 In case of no smart phone for children/elderlies				
						是 Yes	否 No	是 Yes	否 No					
1		本人已年滿十八歲 I am of age 18 or above								將提供印有注射疫苗二維碼的 QR Code for vaccine injection record shall be provided in				
	申請人入營當日請出示有效身份證明文件 Applicant please show ID card / Passport when check in													
No.	姓名 Name	年齡 (請勾選) Age (please tick)				性別 Sex	證件號碼 (頭5個字) ID/BC No. / Passport No. (First 5 Character)	聯絡電話 Contact Tel No.	香港居民 HK Resident		疫苗通行證是藍碼 Blue Code in Vaccine Pass		紙本 Paper Form	相片 Photo Form
		≤4	5-11	12-64	≥65				是 Yes	否 No	是 Yes	否 No		
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☐ 本人及所有同行營友願意遵守「預防及控制疾病條例」之所有適用規例。

I and all my guests agree to comply with all applicable regulations under the Prevention and Control of Disease Ordinance.

本人及所有同行營友在過去7日內沒有與任何確診或初步對新冠狀病毒測試呈陽性反應的人士有密切接觸。

☐ I and all my guests have not been in close contact with someone who is confirmed or preliminary positive case of COVID-19 in the past 7 days.

本人及所有同行營友在過去7日內沒有出現以下病徵：發燒、發冷、咳嗽、腹瀉、呼吸困難。

☐ I and all my guests have not developed any of the following symptoms in the past 7 days: Fever, chills, cough, diarrhea and shortness of breath.

☐ 本人聲明以上資料均屬正確無誤。

I confirm that the above information is accurate.

收集個人資料聲明：請團體必須填寫本表格，如團體未能提供，營地未必可以向團體提供我們的服務。我們所收集的個人資料，只用作 1.核實營友使用營地設施權利 2.確保營友符合使營地個別設施要求 3.處理保險申索事宜 4.保安 及 5. 法律要求用途。未取得團體/你的同意前，我們不會向第三者提供團體/你的個人資料作其他用途。營地將於營期最後一日起計三個月後永久刪除此表格。

Personal Information Collection Statement :

Please note that it is mandatory for your organization / you to provide personal data. If you do not provide such personal data, our camp may not be able to provide your organization/you with our services. Your personal data collected and held by us will be used for 1.verification on your usage right of camp facilities, 2.verification on requirement for usage of individual facilities, 3.dealing with insurance matters , 4.security and 5.legal compliance purpose. We will not provide your personal data to third parties for other purposes without your consent. Campsite will delete this Form permanently after 3 months on usage of camp facilities.

申請人簽署 日期 團體蓋章
Signature _____ Date _____ Organization's Chop _____

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營友資料/健康申報表格

Personal Information/Health Declaration Form

營友資料 Personal Information

No.	姓名 Name	年齡 (請勾選) Age (please tick)				性別 Sex	證件號碼 (頭5個字) ID/BC No. / Passport No. (First 5 Character)	聯絡電話 Contact Tel No.	香港居民 HK Resident		疫苗通行證是藍碼 Blue Code in Vaccine Pass		未有智能手機的兒童/ 長者 In case of no smart phone for children/ eldersies	
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