

## **Application Form (Individual)**

Name of Applicant :(Chinese)		(English)	
Sex: M/F Age		Tel:	
Address:			
Email Address:			
Emergency Contact person:	Relationship:	Tel:	
From which channel(s) you know this □ ACA newsletter □ ACA leaflet □ A			
Name of the Course		Course Ref. No.	Payment (HK\$)
		Total Payment HK\$	
Signature of applicant / guardian*	Name of applicant / guardia	n*	Date
(*Please delete where inappropriate)			
Terms and Conditions :			

- Enrollment will be on a first come first served basis and confirmed by payment. 1.
- Enrollment procedures:
  - Fill in the application form and post it with the bank cheque (i.e. Cheque should be crossed and payable to 'Against Child Abuse Limited') or submit the application form and cash payment or bank cheque in person to our Centre.
- Applicant under 18 should have the parent's consent with signature to join our courses / activities. 3.
- Arrangement under specific Typhoon or Rainstorm Signals:
- In case the Observatory hoists a typhoon signal no.8 or above, or red/black rainstorm, all indoor and outdoor activities to be held (within 4 hours) will be postponed or cancelled. Indoor activities will be held as scheduled 2 hours after the above signals removed.
- The photos and video taken in the activities may be used for promotional purpose. If you disagree, please inform Centre staff before the activity for special arrangement.
- If the participants cannot attend the activity due to personal reasons, payment made will not be refunded. If the activity is cancelled due to the Centre's arrangement, the Centre staff will notify the participants to receive the refund. Participants must bring the original receipt to the Centre for refund within one month from the date of notice. Overdue refund will be treated as donation.
- According to Personal Data (Privacy) Ordinance, you have the right to access and revise your personal data. You can also own a copy of the relevant document. Personal information collected from the application form is used for activity-related purposes only.
- ACA reserves the rights of changing the terms of course/activity.

For Official Use Only	<i>Y</i>		
Receipt No.			
Payment Method	Cash / Cheque(Bank:	Cheque No.:	)
Staff Signature & Sta	mp	Payment Date	