聯青社一青年會黃宜洲青年營 Y's Men-YMCA Wong Yi Chau Youth Camp

香港新界沙田馬鞍山鞍駿街2號烏溪沙青年新村 轉 黃宜洲青年營 Wu Kwai Sha Youth Village, No. 2, On Chun Street, Ma On Shan, Shatin, N.T., Hong Kong c/o WYC Youth Camp 電話Tel: +852 2792 4516 | 傅真Fax: +852 2792 3086 | wyccamp@ymca.org.hk

參與 營地活動 健康聲明書 Declaration of Participant Camp Activities

致: 聯青社 - 青年會黃宜洲青年營

To: Y'Men - YMCA Wong Yi Chau Youth Camp

health information from all participants before camp activities, ensuring that all participants *can swim for at least 50 meters and in good physical condition and free from any illness that may affect their participation in the activities. Chinese YMCA of Hong Kong shall not be liable for any injury or death which the participant may suffer in this activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.	本人謹代表		
Signature: 姓名 Name: 問題 機構蓋印 Organization Chop	I hereby represent [Organization/Company Name] and declare that I/We have collected health information from all participants before camp activities, ensuring that all participants *can swim for at least 50 meters and in good physical condition and free from any illness that may affect their participation in the activities. Chinese YMCA of Hong Kong shall not be liable for any injury or death which the participant may suffer in this activity, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.		
Signature: 姓名 Name: 問題 機構蓋印 Organization Chop			
姓名 Name : 日期 Organization Chop日期 Date :職員專用活動 編號 :		簽名	
Name: 機構蓋印 Organization Chop Date: 職員專用 活動日期: 活動編號:		Signature:	
機構蓋印 Organization Chop Date: 職員專用 活動日期: 活動編號:		姓名	
Organization Chop Date: 職員專用 活動日期: 活動編號:	g	Name:	
職員專用 活動日期: 活動編號:	機構蓋印	日期	
活動日期: 活動編號:	Organization Chop	Date:	
活動日期: 活動編號:			
	職員專用		
活動人數:	活動日期:	活動編號:	
	活動人數:		