



Program / Interest Class Enrollment Form

Particulars of Participant

Name : _____ Gender : * M / F * Please delete as appropriate Age : _____
 Membership No. : _____ Mobile No. : _____
 Parent's contact No. : _____ Telephone No. : _____
 Education Level : _____

※ Not required to fill in if membership exists ※

Address : _____

Email : _____

Occupation / School Name : _____

Program / Interest Class Information

Program Code	Name of Program / Interest class	Staff use only			
		Fee (\$)	Receipt No.	Date	Staff's signature
Total :					

Special Information : Any allergies, serious illnesses or special concerns? (e.g. Asthma, Epilepsy, ADHD)

If yes, please describe : _____

Disclaimer :

1. I have clearly checked and confirmed with all course/activity time and date. I understand that program fee paid is normally non-refundable except in the case of cancellation.
2. I acknowledge that Friends of Scouting will take photographs, video-tape or audio-record of the programs / activities, and use such photo(s), image(s), audio(s) and video(s) in any media or format such as web pages, press releases, leaflets and Facebook page.
3. I understand that fees and quotas of the program are non-exchangeable and non-transferable. Only enrolled participants are allowed to attend the programs. For any vacancy, the quota will be allotted to other applicants.
4. I hereby declare that I am healthy, physically fit and suitable for the activity. If there is any loss or injury or casualty accident occurred during the event, I clearly stated that I am fully responsible for, and no responsibility will be held to the individual and/or organization of the Friends of Scouting, or claim for any forms of compensation.

I hereby declare that I agree to allow the applicant to participate in the above activity, and that he/she is healthy, physically fit and suitable for the activity.

Signature of Applicant : _____ Date : _____

Declaration by Parent/Guardian of Applicant aged 6 to 14 (The parent/guardian must be aged 18 or above)

Signature of Parent / Guardian : _____ Date : _____

Remark : The Friends of Scouting reserves the right to alter program content, date and/or time and the right to cancel any program, in which case the fee paid will be refunded. Participants will be notified for such cases. For a refund application, please refer to the refund procedures.