

**ENROLLMENT FORM**

This information is being collected to enable our staff to more effectively respond to potential medical emergencies. Program participants or their guardians must supply the requested information in order to be able to take part in the program activities. All requested information will be used only for protecting the safety of the participants and will not be shared with others, except as necessary in order to protect participant's safety.

**Please note:**

1. Each applicant should complete this form in BLOCK LETTERS.
2. If the applicant is under 18, signature of a parent or legal guardian is required.
3. Please tick (✓) the appropriate box when applicable.
4. Information on this form is crucial to us for *emergency situations* and *quality program planning*.  
This form is considered valid only with complete information.

Course Name \_\_\_\_\_

School/Organization \_\_\_\_\_

**I. Participant Information**

Name \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Sex \_\_\_\_\_ DOB<sub>(DD/MM/YY)</sub> \_\_\_\_\_ Age (on course start) \_\_\_\_\_ years \_\_\_\_\_ months

Nationality \_\_\_\_\_ Passport # \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

The applicant can speak/ understand:

English  Cantonese  Mandarin  Others: \_\_\_\_\_**II. Parent/ Guardian Information**

Mother/ Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_

E-mail \_\_\_\_\_

Father/ Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Mobile \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_

E-mail \_\_\_\_\_



III. Emergency Contacts\*

\*Additional people who have authorization to grant permission for medical or surgical intervention in the event that mother / father / legal guardian cannot be contacted.

Table with 4 columns: Name, Relationship, Mobile no., Home no./Office no. and 2 rows for contact information.

IV. Past Medical History

- 1 Does student have any relevant medical, physical or psychological condition(s), which the course leader should be aware of?
2 Is student under medical treatment or prescribed medication?
3 Does student have any allergies which the course leader should be aware of?
4 Does this allergy require an Epi-pen?
5 If student has a nut allergy, please select from the following:
6 Does student have any special dietary requirements?
7 Has student been in the hospital in the last 12 months?
8 Doctor's Name and Contact Number:
9 If necessary, please use this space to record the type and quantity of ANY medications student is bringing to program:



**Administering non-prescription medications**

I the undersigned give consent to the Asia Pacific Adventure Ltd,(APA) Program Coordinator(First Aid Qualified) to administer the following non-prescription medications to the participant if jointly deemed necessary by both the APA Program Coordinator and the Lead School Teacher attending the program.

Please place a check mark (✓) in the box and initial to indicate approval of the administration of the medication to the participant.

- \_\_\_\_\_ Initial. Paracetamol (used to treat common headache and minor pains).
- \_\_\_\_\_ Initial. Charcoal tablets or Imodium(used to treat upset stomach and diarrhea).
- \_\_\_\_\_ Initial. Antihistamines like Anthisan, or Puriton (used to treat minor skin irritations like mosquito bites).
- \_\_\_\_\_ Initial. Prickly Heat Powder (Commonly used for treatment of heat rash).

**V. Declaration**

1. I, the undersigned (referred as “the applicant”), declare that the information provided is true and complete. The applicant agrees that the personal data of the applicant may be used by Asia Pacific Adventure Ltd. (referred as “APA”) and its staff for administration, programming and emergencies.
2. The applicant agrees to abide by the rules for taking part in this program, as well as to participate fully and cooperatively with others while on the course. The applicant understands and accepts that if the rules are not observed, the applicant may be dismissed from the course.
3. The applicant understands that the course involves physical activities. To the best of the applicant’s knowledge, there are no medical or other reasons for the applicant not to take part in this course. The applicant is in normal health with no undeclared pre-existing medical or psychological conditions, or allergies.
4. The applicant agrees that while the staff of APA will exercise reasonable care and supervision, neither APA nor its staff, shall be held liable for any loss, damage or injury to person or property occasioned by irresponsible acts or behavior of the applicant.
5. The applicant understands that while the staff of APA will exercise reasonable care and supervision, there are elements of risk involved in some of the activities and that APA will not be liable for any injuries or accidents.
6. The applicant is responsible for his own personal accident, evacuation and medical insurance.
7. I agree that APA will have the right to use my footage/ images/testimonials in its promotional material or any other materials relating to the program for marketing purposes.
8. The applicant understands that the deposit (50% of total program fee) once paid is non-refundable and for cancellation within 2 weeks of the course delivery date, 100% of the total program fee is forfeited. The applicant has been advised that travel insurance is strongly recommended and the applicant understands that APA will not reimburse for cancellations made for medical reasons. Cancellations due to medical emergencies should be claimed against travel insurance on production of medical certificate.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent / Legal Guardian’s Agreement (For Applicant under 18):**

I, the undersigned, am the parent / legal guardian of the above applicant. I have read and agreed to the declaration in Part V above and agree for the above applicant to take part in the above course.

Parent/ Legal Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name in Print: \_\_\_\_\_

- \* I am interested in learning about future Asia Pacific Adventure programs. Please add my e-mail address to your mailing list.