



Registration Form Year 20__

Reference Number		Program Title	
Full Name (English)		Religion	
Full Name (Chinese)	<input type="radio"/> Male <input type="radio"/> Female	Personal Awards	
Date of Birth	Age	Favorite Sports	
Nationality		Hobbies	
Address			
			Post Code
School		Current Class	Entering Class
Identity Card No.		Passport No. (Inbound/Outbound)	
Inbound / Outbound Flight No.	Port	Date	Time
Inbound / Outbound Flight No.	Port	Date	Time
Spoken Language: <input type="radio"/> English ____ level <input type="radio"/> Mandarin ____ level <input type="radio"/> Cantonese ____ level <input type="radio"/> Other _____ level			
Mother Name (English)		Father Name (English)	
Mother Name (Chinese)		Father Name (Chinese)	
Mobile Number		Mobile Number	
Business Number		Business Number	
Home Number		Home Number	
Email		Email	
Fax		Fax	
How did you learn about the activity? <input type="radio"/> Direct Email <input type="radio"/> Internet <input type="radio"/> Media Ad <input type="radio"/> From School <input type="radio"/> From Referral			
Jacket/T-shirt length ____ / ____ width ____ / ____		Pants/Shorts waist ____ / ____ length ____ / ____	Socks size ____
Declaration of Parents / Legal Guardian / Sponsor			
My child needs the level of care as		<input type="checkbox"/> Independent <input type="checkbox"/> Partial Assistance <input type="checkbox"/> Total Assistance	
My child will conduct appropriate manner at all times		<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child is physically fit participating sporting / physical / outdoor activities and I accept risks resulting from participation.		<input type="checkbox"/> Accepted <input type="checkbox"/> Unaccepted	
My child is physical and psychological healthy.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child is not allergic to food / medication. Please specify if applicable _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
My child has no history of heart disease / Tuberculosis / Hepatitis B virus / Epilepsy		<input type="checkbox"/> Yes <input type="checkbox"/> No	
In case of need I authorized to send him / her to hospital for medical care when he / she feels imperfect		<input type="checkbox"/> Accepted <input type="checkbox"/> Unaccepted	
Please make cheque's payable to " Green Tree Deployments (China) Company " at Bank of China Hong Kong account 012 676 10014597			
Parent's / Legal Guardian's / Sponsor's Signature			
Full Name		Date	
Please email this form and copy of payment slip to GTD at info@gtdcc.com			