

# Take Our Daughters and Sons to Work<sup>®</sup> Day at HKUST, Apr 25, 2013

## Application Form

### Participating Employee

Name

Work Unit

HKUST Email

Phone

### Participating Child(ren)

Name

Birth Date

School

Emergency  
Contact

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if my application is accepted, I agree to have the participating child accompanied by myself or my designated caretaker all the time during the participation of the program, and will not hold the program organizers or volunteers liable for any loss, injury, or damage to myself, the participating child, or my property as a result of the participation of the program.

Name (printed)

Signature

Date

Submit a hardcopy to Qiong Luo/CSE, or email a scanned copy to [luo@ust.hk](mailto:luo@ust.hk).