

Take Our Daughters and Sons to Work[®] Day at HKUST, Apr 23, 2015

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 (PRINT)	
Signature	
Date	