

## 到訪場地登記表

場地名稱：藍新福射箭場

### 注意：

1. 除獲豁免人士外，所有訪客進入藍新福射箭場前須使用「安心出行」流動應用程式掃描處所的二維碼。獲豁免人士須填妥此表格並交予場地職員 / 北區會當值職員。
2. 處所負責人有責任檢視到訪者提交的表格是否已填妥。處所負責人亦需保存此表格在處所內 31 天以供獲授權的政府及執法人員查核。
3. 任何人明知而提供任何在要項上屬虛假或具誤導性的資料，根據香港法例即屬犯罪，可被檢控。

### 訪客資料：

姓名(全名)	香港身份證／身分證明文件號碼 (首四位數字或字母) ____ X X X X X (例如: A123)
聯絡電話	到訪目的 # (請在以下其中一個方格內填上「√」號及填寫有關資料)
到訪日期	<input type="checkbox"/> 練習 (會員編號: _____) <input type="checkbox"/> 訪客 (請註明: _____)
到訪時間	

就本人所知及相信，此申請表所填報的資料均屬正確、完備和真實\*。

本人清楚知悉以上進入處所的要求，並向場地職員 / 北區會當值職員確認本人是：#

- 未滿 12 歲
- 65 歲或以上
- 殘疾人士
- 其他未能使用「安心出行」原因 (必須註明:\_\_\_\_\_)

簽名：\_\_\_\_\_

日期：\_\_\_\_\_

\* **必須**在此方格內填上「√」號。

# 請在適當的方格內填上「√」號。

### 收集個人資料的目的：

為應對 2019 冠狀病毒蔓延的工作及相關的用途、流行病學調查和接觸追蹤工作及進行違反相關法律的調查及檢控工作，以及鼓勵更廣泛使用「安心出行」流動應用程式記錄到訪地點的目的，你提供的資料在有需要時，可提供予政府／機構／組織／人士，例如衛生署（包括衛生防護中心）、醫院管理局及獲授權的政府及執法人員等。政府授權人員基於上述目的方可查閱。個人資料不會被保存超過收集資料的目的所需的保存時間。有關資料如無需要繼續保存，將於 31 日後被銷毀。如你欲更改或查閱所申報的個人資料，請與香港射箭總會職員聯絡（電話：【2504 8148】）。你在此提供的個人及其他有關的資料純屬自願。如你未能提供所須的個人資料，場地職員 / 北區會當值職員有權拒絕你進入。

## Visitor Registration Form

Name of Premise(s): Lam Sim Fook Archery Range

### Please note that:

1. Unless exempted, all visitors must scan the "LeaveHomeSafe" venue code using the "LeaveHomeSafe" mobile application before entering this Government premise(s). Exempted visitors must provide this duly completed form to the responsible person of the premise(s).
2. The responsible person of the premise(s) is liable to inspect whether this form as provided by a visitor is duly completed, and keep the form on the premise(s) for 31 days for checking by authorised government and law enforcement officers.
3. Any person who knowingly provides information that is false or misleading in a material particular shall be guilty of an offence under the Laws of Hong Kong and is liable to prosecution.

### Particulars of visitor:

Name (in full)	Hong Kong identity card/ Identification document number (first 4 digits or letters) _ _ _ _ X X X X (e.g. A123)
Contact phone number	Purpose of visit# (Please tick the appropriate box and fill in the information.)
Date of visit	<input type="checkbox"/> Practice (Membership no. : _____)
Time of visit	<input type="checkbox"/> Visiting (Please specify : _____)

The information given in this record form is correct, complete and true to the best of my knowledge and belief\*.

I am fully aware of the above entry requirements, and confirm that I am:#

- aged below 12  
 aged 65 or above  
 a person with disability  
 others (please specify the reason for not being able to use the "LeaveHomeSafe" app:  
\_\_\_\_\_)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Mandatory item

# Please tick the appropriate box

### Purposes of collecting personal data:

For the purposes of controlling the spread of COVID-19 and related purposes, epidemiological investigation, contact tracing, investigation and prosecution in relation to breaches of the relevant legislation, as well as encouraging the wider usage of the "LeaveHomeSafe" mobile application in recording visit history, where necessary, the information supplied by you may be provided to the Government/other organisations/persons, such as the Department of Health (including the Centre for Health Protection), the Hospital Authority and authorised government and law enforcement officers. Only persons authorised by the Government will have access to such information for the aforesaid purposes. Personal data will not be kept longer than is necessary for the fulfilment of the purposes for which it is collected. The personal data will be destroyed after 31 days if further retention is not required. If you wish to amend or retrieve the personal information provided, please contact the Secretariat 2504 8148. The provision of personal data and other related information here is voluntary. If you fail to provide the required personal information, the authorised person of [Hong Kong Archery Association] may deny your entry.