

Sequence Number : \_\_\_\_\_

## 健身中心會籍申請表 APPLICATION FORM

英文姓名: Name in English: 出生日期: Date of Birth: DD / MM / YY	(名字 G 年齡: Age:	eiven Name) 性別: Sex:	中文姓名: Chinese Name: 國籍: Nationality:			
香港身份証/護照號碼: HK ID Card / Passport No.:	港青會員証號碼 (如適用): YMCA Membership No. (if	Please submit with 2 Passport size photos				
職業: Occupation:	電郵: E-mail:					
通訊地址 Mailing Address :		聯絡電話 Telephone No.:				
				(手提 Mobile)	18歲以下申請者須由家長 或18歲以上監護人附加簽名	
				(住宅 Home)	Below has to be signed by parents or adult guardian above the age of 18 on behalf of the youth under 18 years old	
				(工作 Work <u>)</u>		
緊急聯絡人: Emergency Contact Person:		電話: Telephone No.:			家長或成年監護人簽署 Signature of parents or adult guardian	
會籍類別 Type of Membership : □ 標準 Re	gular	約 Non-Peak	☐ 基本 Basic	☐ 其他 Others		
個人資料收集聲明 Personal Information Collection Statement 閣下所提供的資料將用作適能及健康部行政的有關事宜。 本部門或會將閣下的部份資料給予本會授權接收的其他部門使用,以便進行有關閣下的課程/活動/租用設施的申請。根據個人資料(私穩)條例所定指引(豁免事項除外),閣下有權向本會查詢和修正你的個人資料。如會員希望查閱和修正個人資料應以書面或親臨本部門,向適能及健康部高級經理提出。請在提出要求時,同時提供你的健身中心編號。 The information provided by you will be used for purposes relating to the administration in the Fitness & Wellness Section. This Section may give some of the information to other parties within the Association relating to your usage of our facilities and courses taken. Subject to guidelines under the Personal Data (Privacy) Ordinance (Except for exemption), you have the right of access and correction with respect to personal data. Request for personal data access and correction should be addressed to Fitness & Wellness Senior Manager, and please quote your membership number.			I recognize that exercise carries some risk to the musculoskeletal system and the cardiorespiratory system.  I hereby certify that I know of no medical problem that would increase my risk of illness and injury as a result of participation in a regular exercise program. I will not hold the YMCA or its officers responsible for any injury of damage to myself as a result of participation in YMCA Fitness Centre.			
同意簽署:				申請人簽署: 日期:		
Acknowledged by : Date :			Applicant :	Date :		

## FOR OFFICE USE ONLY

Date	Description	Type	Payment	Receipt No.	Initial	Body Weight (KG)	Body Height (M)	ВМІ

Fitness Centre Policy Completed :	Yes	No	Date:	
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