



# 葵青區壁球會 Kwai Tsing District Squash Club

## 會員申請表格 Membership Application Form

姓名 Name : \_\_\_\_\_ 性別 Sex :  男 Male  
\_\_\_\_\_  
(中文 Chinese) (英文 English)  女 Female

身份證 / 護照號碼 HKID Card / Passport No.: \_\_\_\_\_ 出生日期 Date of Birth : \_\_\_\_\_

國籍 Nationality: \_\_\_\_\_ 職業 Occupation: \_\_\_\_\_ 電子郵箱 E-mail Address: \_\_\_\_\_

聯絡電話 Telephone: \_\_\_\_\_  
(住宅 Home) (辦公室 Office) (手電 Mobile) (傳真 Fax)

通訊地址 Correspondence Address: \_\_\_\_\_

壁球經驗 Squash Experience: \_\_\_\_\_ 年/yrs. 聯賽經驗 League Experience: \_\_\_\_\_ 年度 Year \_\_\_\_\_ 組別 Div. \_\_\_\_\_

香港壁球總會會員編號 Hong Kong Squash Membership Number : \_\_\_\_\_

註冊合資格壁球教練 Registered Qualified Squash Coach : 程度 Level \_\_\_\_\_

註冊合資格壁球裁判/記分員 Registered Qualified Squash Referee & Marker : 級別 Grade \_\_\_\_\_

### 活動同意/聲明書 EVENT CONSENT / DECLARATION

(未滿 18 歲的申請人必須由家長或監護人填寫此聲明 For applicant aged below 18, this part should be completed by Parent or Guardian)

本人聲明已如實填寫本表格內資料，並無遺漏。本人願意成為葵青區壁球會會員並同意遵守一切會規。  
I declare that information given in this form is accurate and complete. I desire to become a member of Kwai Tsing District Squash Club and agree to abide by all rules.

本人聲明本人/申請者的健康及體能良好，適宜參加葵青區壁球會所舉辦之任何活動。如因本人/申請者的疏忽或健康或體能欠佳或任何意外，而引致於參加該項活動時導致傷亡或其他損失，有關機構均無需負上任何責任。  
I declare that I am/Applicant is healthy, physically fit and suitable to participate in any activities held by Kwai Tsing District Squash Club. The organizations shall not be liable for any injury or death or loss which I/the participant may suffer in the activities, if the cause of injury or death or loss is due to my own/his/her negligence or inadequacy in health and fitness or any accident.

申請者簽署 Applicant Signature : \_\_\_\_\_ (未滿 18 歲申請者適用 For applicant aged below 18)  
家長/監護人簽署 Parent's/Guardian's Signature : \_\_\_\_\_

日期 Date : \_\_\_\_\_ (未滿 18 歲申請者適用 For applicant aged below 18)  
家長/監護人姓名 Parent's/Guardian's Name : \_\_\_\_\_

For club use only	Date Rec'd	Membership No.