YMCA of Hong Kong

Temporary Fitness Membership Application Form

For Office	Use Onl	y
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Date

Card no.

Please submit with

2 Passport size photos

□ Easy Join	☐ Monthly Pass	□ Other
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- ❖ 如遺失或損壞各類會員証,補領費為港幣60元正 \$60 Handling Fee will be charged for any loss or damage of membership card
- ★ 若遺失或損壞健體易健身証將不獲補發 No reissue or validity extension of Easy Join Fitness Pass that have been lost, damage or expired
- ◆ 已繳付之任何費用均不可退款或轉讓 All fees paid are non-transferable and non-refundable

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Name in English:								
	(姓氏 Surname)	(名字 Giver	Name)		中文姓名	 	<u> </u>	
出生日期 Date of Birth:	/ / / DD MM YY	年齡 Age:	性別 Gender:		國籍 Nationality:			
身份證 / 護照號碼 HKID / Passport N	o.:	[X X X (X)	職業 Occupation: ₋			 		
通訊地址 Mailing Address:				電話號碼 Tel. No.:				
緊急聯絡人 Emergency Contac	ct Person:			電話號碼 Tel. No.:				
Applicants under 18	由家長或18歲以上之家長或 years of age must be addit s over 18 years of age.							

家長或成年監護人簽署

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組行政的有關事宜。

本部門或會將閣下的部分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(私隱)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,向適能及健康組高級經理提出。

The information provided by you will be used for purposes relating to the administration in the Fitness & Wellness Unit.

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.

聲明 Declaration

Signed by parents or adult guardian

本人現欲申請參加香港基督教青年會健身中心成為會員,本人同意遵守香港基督教青年會的政策、條款及守則,明白進行任何運動,也有一定的風險,例如增加心臟壓力,又或關節及肌肉受傷的機會,並清楚了解自己並沒有任何疾病而影響進行之運動,及明白貴中心的建議及獲醫生的同意,並願意對自己一切的健康及安全負責。 在參加任何活動時本人如有發生死亡、損傷或財物損失等特殊情況,香港基督教青年會或其員工無須負上任何法律金錢

I request that the above application for YMCA Fitness Centre Membership be accepted, and in so doing, I agree to be abide by the policies, rules and regulations of the YMCA Fitness Centre. I recognize that exercise carries some risk to the musculoskeleta I system and the cardiorespiratory system. I hereby certify that I know of no medical problem that would increase my risk of illness a nd injury as a result of participation in a regular exercise program. I will not hold the YMCA or its officers responsible for a ny injury of damage to myself as a result of participation in YMCA Fitness Centre.

同意簽署:	日期:	申請人簽署:	日期:
Acknowledged by:	Date :	Signature of Applicant:	Date: