

## 會員申請表

04/2019

由本會填寫 For Office Use	
會員編號 Temp. Membership No.	
申請日期 Apply Date	

【 一】申請人資料 Particulars o 中文姓名(Chinese Name) :			
英文姓名(English Name) :			
身分證明文 件號碼(I.D. NO.)	:		
出生日期(Date of Birth):		_ 職業(Occupation): _	
通訊地址(Correspondence Addre	ess):		
電話號碼(Telephone No):	(辦公室 <b>Offic</b>	re) •	_ (住宅 Home)
電郵地址(E -mail Address): _			
(如遇緊急事故,請與		舌:	)
(In case of emergency , please	e notify	at	)
水上活動資歷(只須填寫該項活動的 Water Sports Qualifications(Pl			ertificates) :
Item 類別	最高資歷 Hi ghest Qualific ation	考取年份 Year Attended	備註 Remarks
獨木舟 Kayaking			
競賽型獨木舟 Racing Kayaking(K)			
獨木舟水球 Canoe Polo			
龍舟 Dragon Boat			
立划板 Stand Up Paddleing			



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## 【二】聲明: (所有申請人必須填寫此欄)

(甲)	生滿 18 歲或 以上的申請人 須填寫此聲明。
	<ol> <li>我聲明我能游最少 50 公尺及身體並 無任何疾病。 如因本人的疏 忽或健康或體能欠佳,而引致於活動時傷亡, 東涌獨木舟會則無須負責。</li> </ol>
	簽名:日期:日期:
(Z)	<u>未滿 18 歲的 申請人,需由 #家長/監護人或經其家長/監護人授權者填 寫此聲明。</u>
	1. 本人同意 申請人姓名)聲明他/她能游最少 50 公尺及其身體並無任何疾病,如果申請人因他/她 的疏忽或健康或體能欠佳,而引致於活 動時傷亡,東涌獨木舟會則 無須負責。
	*家長/監護人或"授權人"簽署:
	*請將不適者刪去 # 家長/監護人或經其家長/監護 人授權者必須 為十八歲或以上人士
	ration (All applicants must fill in this part) oplicants aged 18 or above should complete this declaration
1	. I declare that I can swim f or at least 50 meters and d o not suffer from any illness that renders me unfit for the above scheme. Tung Chung Canoe Club should not liable for any injury or death which I may suffer in the activities
	of the scheme, if the cause of injury or death is due to my own negligence or inadequacy in health and fitness:
	Signature Applicant : Date :
	or applicants aged under18, the following declaration should be completed by their# parents/ guardians or by ersons authorized by their parents/ guardian
1	I agree to all ow (applicant's name ) to participate in the above scheme and declared that h e/ she can swim for at least 50 meters and does not suffer from any illness that renders him/her unfit for the activities of the above scheme. Tung Chung Canoe Club should not liable for any injury or death which the applicant may suffer in the activities of the scheme, if the cause of injury or death is due to his /her negligence or inadequacy in health and fitness:
	*Signature of parent/ guardian or authorized person: Name in Full:
	*Delete where appropriate #Parent/ Guardian or authorized person should be at 18 years of age or above.