

會員申請表 Membership Application Form	(*請刪去不適用者 Please delete as appropriate)		
英文姓名 English Name	中文姓名 Chinese Name		香港身份證/護照編號 HKID Card/Passport No.
出生日期(日/月/年) Date of Birth (dd/mm/yyyy)	年龄 Age	性別 Gender* M/F	國籍 Nationality
香港聯絡電話 Hong Kong Tel.	手提電話 Mobile		WhatsApp / WeChat / Line, etc*
其他聯絡 Other Means of Contact	電郵 Email Address		
香港聯絡地址 Hong Kong Correspondence Address			
健康狀況 Health Condition*			
需長期服藥 Under Medications 長期病患 Chr			onic Patient
良好 Good / 詳情 Details:	s: / 詳情 Details:		
公司/學校名稱 Company/School Name		入會日期 Date of Admission	
公司/學校地址 Company/School Address		道場 Dojo	
1 7			
拳明 Declaration			
本人謹此樂明,上述資料皆確實無誤 ,並承諾遵守香港跆拳道正心館所制定之章則及規例。本人明白上述資料如有虚假,將被取消申請。並同時作出聲明,如本人因健康、體能、個人技術或其			
他原因而導致任何人身傷亡或財物損失,一概由本人負責,與香港跆拳道正心館、其合辦機構、其執行委員、工作人員或會員無關。本人亦承諾會定期檢查和保養裝備,以防止傷害自己和他人。			
I declare that all the particulars entered in this form are true and correct to the best of my knowledge. I undertake to be abided by all terms and conditions, rules and regulations set forth by HKTKDJSK,			
and understand that any false information entered will lead to disqualification of my application. I shall take full responsibility for any injury or death or damage to property which may sustain/ arise directly or			
indirectly as a result of this activity. I also undertake to check and maintain my equipment regularly to prevent injury to myself and others.			
申請人簽署 Signature of Applicant 日期 Date			
學員未滿 18 歲需由家長或監護人簽名認可 For applicants under the age of 18 shall require parent or guardian's consent			
家長/監護人姓名 Name of Parent / Guardian	與申請者關係 Relationship with the Applicant		聯絡電話 Tel.
家長/監護人簽名 Signature of Guardian 日期 Date			
Official Use Only			
Payment Recived By:			Date:
Membership Accepted / Not Accepted By:			Date: