

康樂及文化事務署健身室使用者登記申請表 Application Form for Registration as a User of Fitness Rooms

under the Leisure and Cultural Services Department

(適用於 15 歲或以上並持有認可資歷的申請人) (For applicants aged 15 or above with recognised qualifications)

由辦事處填寫 For Official Use				
收表日期 Date of Receipt				
查核人員 Checked by				
資料輸入日期 Date of Data Inputting				

(I) 認可資歷

(1)	認可真歷 Recognised Qualifications					
	證書/證 Certificate(s) / Do		發出機構 Issuing Organisation(s)	簽發日期 Date of Issue	有效至 Valid Until	
(II)	申請人資料 (# 請在適當方格 Particulars of Applicant (# P		box)			
	姓名:(英文)		(中文)		□ 男 □ 女	
	Name (In English)		(In Chinese)	Sex #	Male Female	
	身分證明文件號碼:		出生日期:		月 年	
	Identity Document No.		Date of Birt		Month Year	
	電話: (住宅)	(辦事處)	(傳呼機/流動電話)_	電郵地	址:	
	Tel. No. (Home)	(Office)	(Pager/Mobile Phone)		Address	
	Services Department of a 申請人簽署:					
	Signature of Applicant					
	* 家長或監護人簽署: * Signature of Parent or Gu (*未滿 18 歲的申請人須由家長」	ardian	pplicants aged below 18, their parent/guardian	's signature should be obtain	ed.)	
注意 Note	事項					
1.	請將填妥的表格及「體能活記手續。申請人在登記時第 Please return the completed form Questionnaire-Par-Q & You" to	頁出示身分證明文件 n together with a copy o any sports centre u	具你」連同上述 證書/證件副本 一位 (正本或副本),以供查核。 of the above mentioned certificate(s) / under the Leisure and Cultural Services uments (either the original or the copy) for	document(s) and "Physis Department for registr	cal Activities Readines	
	處理申請一般需時約一星期,視乎個別情況而定。 It normally takes about one week to process the application depending on individual circumstances.					
	申請人如欲更改或索取所申可能無法處理有關申請。 The information provided by th Cultural Services Department a information for the aforesaid pu	甲報的個人資料,該 ne applicant will be us und for future contact rposes. If applicant	文化事務署健身室及日後聯絡之用 情與接受申請的體育館職員聯絡。E sed for the application for registration a purpose only. Only persons authorise wishes to amend or retrieve the personal f applicant fails to provide the required p	申請人如未能提供所需 s a user of fitness rooms d by this Department w information provided, pl	帮的個人資料,本署 s under the Leisure and ill have access to sucl ease contact the staff o	
	請填妥下	列回郵地址 Retur	n Address to be Completed by the A	Applicant		
姓	名:		始 夕:			
XII. Nan			Name			

地 址:

Address

地 址:

Address