



個人資料 Individual Information 必須與香港身分證相同 Must be the same as shown on HKID Card

英文姓名 (姓氏 Surname) (名字 Given Name) English Name		元朗大會堂會員證編號 YLTH Member Card No.	
中文姓名 Chinese Name	出生日期 yyyy mm dd Date of Birth	性別 Sex	<input type="radio"/> 男 Male <input type="radio"/> 女 Female
手提電話 Mobile	加入 WhatsApp 群組 Join WhatsApp Group	<input type="radio"/> 訓練通告組 (接收大會通告及資訊, 請勿聊天) <input type="radio"/> 資訊交流組 (容許貼圖及交流跑步資訊)	電郵 Email
聯絡地址 (選項) Address		<input type="radio"/> 香港HK <input type="radio"/> 九龍Kln <input type="radio"/> 新界NT	

聲明 Declaration

<p>年滿十八歲或以上的申請人須填寫此聲明</p> <p>我聲明: 我的健康及體能良好, 適宜參加元朗大會堂元朗長跑會所舉辦之活動。如果我因本人的疏忽或健康或體能欠佳, 引致於參加上述活動時任何意外或傷亡, 元朗大會堂及/或元朗大會堂元朗長跑會無須負上任何責任。 Applicants aged 18 or above must sign this declaration. I declare that: I am healthy, physically fit, and suitable to participate in the activities organized by YUEN LONG TOWN HALL YUEN LONG DISTANCE RUNNERS CLUB. YUEN LONG TOWN HALL and / or YUEN LONG TOWN HALL YUEN LONG DISTANCE RUNNERS CLUB shall not be liable for any injury or death which I may suffer from the activities, if the cause of injury or death is due to my own negligence or inadequacy in health and fitness.</p> <p>申請人簽署: _____ 日期: _____ Signature of Applicant: _____ Date: _____</p>	<p>未滿十八歲的申請人須由家長或監護人填寫此聲明</p> <p>我聲明: _____ (申請人姓名) 的健康及體能良好, 適宜參加元朗大會堂元朗長跑會所舉辦之活動。如果申請人因他/她的疏忽或健康或體能欠佳, 引致於參加上述活動時任何意外或傷亡, 元朗大會堂及/或元朗大會堂元朗長跑會無須負上任何責任。 For applicants aged below 18, this part should be completed by his/her parent or guardian. I declare that: _____ (applicant's name) is healthy, physically fit, and suitable to participate in the activities organized by YUEN LONG TOWN HALL YUEN LONG DISTANCE RUNNERS CLUB. YUEN LONG TOWN HALL and / or YUEN LONG TOWN HALL YUEN LONG DISTANCE RUNNERS CLUB shall not be liable for any injury or death which the participant may suffer from the activities, if the cause of injury or death is due to his/her negligence or inadequacy in health and fitness.</p> <p>家長/監護人簽署: _____ 日期: _____ Parent/Guardian's Signature: _____ Date: _____ 家長/監護人姓名: _____ Parent/Guardian's Name: _____</p>
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由職員填寫 For STAFF use only

會員費用 \$50	收據編號 DRC	職員簽署	日期
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