

UM Sports Complex Fitness Room User Card Application Form

一) 校友卡持有人或獲體育事務部批准之申請者，請填寫此欄 For a cardholder of UM Alumni Card or applicant with special approval from OSA Office only			
姓 Surname		名 Given name	
校友卡號 Alumni Card no.		聯絡電話及電郵 Contact no. & email	
性別 Gender		出生日期 Date of birth	

二) 如申請者為全職職員之家屬(父母、配偶或子女)，請填寫此欄 For a family member of UM full-time staff (Parents, spouse or children) only			
備註: 健身室使用年齡為 16 歲或以上 Remark: The age requirement for using the fitness room is 16 years old or above.			
姓 Surname		名 Given name	
身分證件類型 Type of ID document		身分證件號碼 ID document no.	
性別 Gender		出生日期 Date of birth	
職員姓名: Name of the UM staff member		職員證號: UM Staff Card No.	
申請人之聯絡電話及電郵 Applicant's contact no. & email		與職員之關係 Relationship	<input type="checkbox"/> 父母 Parents <input type="checkbox"/> 配偶 spouse <input type="checkbox"/> 子女 children
監護人或父母簽名: Guardian's or parent's signature		如申請人為 16 歲以上未滿 18 歲，必須由監護人或父母簽名同意 If applicants who are between 16 to 18 years old are required to have the signature of their guardian or parent	

三) 緊急聯絡資料 Emergency contact (所有申請人都必需填寫 For all applicants)			
姓 Surname		名 Given name	
聯絡電話 Contact no.		關係 Relationship	

四) 確認知悉 Acknowledgement:			
收集個人資料聲明 Personal Data Collection Statement: <ul style="list-style-type: none"> 澳門大學根據第1/2006號法律作為一所公立高等教育機構，將處理在本表格內所收集的個人資料作舉辦活動、提供服務及聯絡之用。基於活動 或服務所需，上述個人資料有可能轉交本澳或外地相關機構。申請人有權依法申請查閱、更正或更新其存於本校的個人資料。 The University of Macau being a public institution of higher education as set in Law No. 1/ 2006, will process the personal data collected on this form for activity organization, service providing and contact purposes. Due to the needs of the activity or service, the personal data on this form may be transferred to other organizations in or outside Macao. The applicants have the right to access, rectify or update their personal data stored at UM. 			
聲明 Declaration : <ul style="list-style-type: none"> 謹此聲明本人的健康及體能良好，適合參加練習健體育活動，並經由執業醫生確認本人之體能合乎參加阻力訓練。本人確認知悉參加任何形式之運動都會有危險，並願意承擔自身之意外風險和責任。並無權向澳門大學、體育事務部及其職員對本人在活動中引致自身意外、死亡或任何形式之損失索償及追討責任。 I declared that I am healthy, physically fit, and suitable to participate in the physical activity, and have not been otherwise advised by a qualified medical practitioner. I understand that by participating in sports, there are risks of injury, death and/or loss. I am doing exercise entirely at my own risk and responsibility. I hereby discharge the University of Macau, Office of Sports Affairs and any other individual from any responsibility of any injury, death or loss of property incurred during, as consequence of or while travelling to or from different sports venues. 			
申請人簽名 Applicant's signature		日期 Date	
由辦公室填寫 For Office use only:			
卡號 Membership No.		收據號碼 Receipt No.	
處理人 Processed by		日期 Date	