

元 朗 區 體 育 會 YUEN LONG DISTRICT SPORTS ASSOCIATION

Card	Code

ADDRESS: No.8, Tai Yuk Road, Yuen Long TEL: 2474 1221 • 2474 2701 FAX: 2476 2561

Fitness Centre Enrolment Form

Nam	ne	of	Activity :				Serial N	o. :	
Name of Participant:									
REM	ARKS	(2) (3) (4) (5)	Refund wo Coaches r Only club \$100 for S No refund During co	eserve the right to members are ac Student and Ordin or change of clas	sequent to cand o reject subscrib scepted for taki nary respectively ss date once sul	celation of activer in case of programmer of programmer of the courses are courses as cribed.	re-qualifica . Annual r	insufficient subscribers. ation requirement. membership fees are \$50 and om instructors, otherwise, may	
Declaration (Compulsory) (I am willing to abide by the regulations of Yuen Long District Sports Association)									
I hei	reby	dec	lare that						
,	•		Ith and training					for participating in the	
2) I	activities/training course/classes/practices/fitness centre training. I fully understand that there is certain degree of danger in the activities and I would follow suit the direction from instructors and staff of YLDSA and I hereby undertake to abide by the Regulations of Yuen Long District Sports Association. I agreed that I would personally bear all responsibilities as a result of damages and lost of properties and would indemnify YLDSA against any liability claims for any loss owing to own negligence.								
3) I) I undertake to advise YLDSA for any change of health and physical condition after signing								
4) I (5) I	this Declaration. I understand the course schedule and comprehend that all charge will not be refunded (except examination or sick) after registration. I have to obey all rules and regulations. I fully understand that I have the full right to seek independent legal opinion before signing								
6) F	the Declaration. 6) From Jan of 2015, all members must sign the declaration. The application will not be competed if lack of information. Yuen Long District Sports Association has right of finally decision.								
Remarks: The information provided by you will only be used for the enrolment. For correction of or access to personal data after submission of this Form, please contact the staff of our Association.									
Signature Name Date									
(*participant/parent/guardian) (*participant/parent/guardian) (To be signed by Parent/Guardian for people under Age of 18)									
Staff only									
Fee: Receipt Code			Receipt Code:		Pay Date:		Staff Signature:		
Ren	Remark:								