



# Sonic Sports Association

## 2008 年會員申請表 / 2008 Membership Application Form

\*(生效日期至二零零八年十二月三十一日 Valid until 31 December 2008)

### Personal Data 個人資料 (please fill in **BLOCK CAPITAL** letter)

Family Name 姓:		First Name 名:	
Chinese Name 中文姓名:		Nationality 國籍:	
Gender 性別:	Date of Birth 出生日期 (DD/MM/YY):    /    /		
<input type="checkbox"/> Male / <input type="checkbox"/> Female	HK ID Card No 身份證號碼:		
Address 地址 (Please fill in English / 請以英文填寫):			
Tel No. 電話:	(Office 辦公室) (Mobile 手提電話)	(Home 住家) (Fax 傳真)	
Email 電子郵件:		Tee Size 尺碼:	XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>
Emergency Contact:		Emergency Contact No:	

PAYMENT (PLEASE (√) AS APPROPRIATE 請於適當位置加上 (√))			
<input type="checkbox"/> New member application* 新會員入會申請 *	<input type="checkbox"/> Membership Renewal 舊會員續會申請		
Category 會員類別	Age (on day of application) 年齡 (以入會日期計)	HKTriA annual fee** 香港三項鐵人總會年費	Sonic annual fee 新力體育會年費
Adult 成年	18 or above 18 歲或以上	HK\$150	<input type="checkbox"/>
Student*** 學生***	Full-time student aged 18 or above 18 歲或以上之全職學生	HK\$60	<input type="checkbox"/>
Junior 青年	Aged 8 - 17 8-17 歲	HK\$60	<input type="checkbox"/>
			HK\$100 <input checked="" type="checkbox"/>

\*Please include HKTriA membership form for new member application 請附上香港三項鐵人總會申請表

\*\*40% Off discounted rate applies to all HKTriA Affiliated Clubs' members who automatically join the HKTriA as member.

\*\*Discounted rate will only be offered to individual members through the Affiliated Clubs

\*\*申請為新力體育會會員將會自動成為香港三項鐵人總會會員並可享有折扣優惠

\*\*\* Please submit a copy of Full-Time Student ID card 請附上全職學生証副本

Deposit or Internet transfer the amount due into Hang Seng Bank Account: (289-537789-001). Alternately, make out a cheque for the total amount payable to **Sonic Sports Association** and mail together with this form and 4 photos to the Sonic Sports Association: P.O. Box: 96865, Tsim Sha Tsui Post, Kowloon.

請將適當費用直接存入或網上付款到 新力體育會 恒生銀行戶口(289-537789-001)，支票抬頭寫 新力體育會。請將支票或銀行存根，會員申請表及四張相片一併寄回九龍尖沙咀郵政信箱九六八六五號新力體育會收。

### Declaration 聲明

- I declare that all the above details are true and correct. I permit the Sonic Sports Association to use the above information in the operation of its activities.
- I agree to abide by the rules of the Hong Kong Triathlon Association. I permit the Hong Kong Triathlon Association to use the above information in the operation of its activities.
- 本人謹證以上資料是正確無誤。本人准許新力體育會使用本人所提供之資料，作為本會及未來活動宣傳之用。
- 本人謹守香港三項鐵人總會之一切決定。本人准許香港三項鐵人總會使用本人所提供之資料，作為本活動及未來活動宣傳之用。

Date 日期:    /    /    Signature 簽名: \_\_\_\_\_  
(Parental Signature if under 18) 十八歲以下者必須經父母簽署

### 本會專用 Official Use Only

Cheque No: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Membership No: \_\_\_\_\_  
Date of issue: \_\_\_\_\_ HKTriA No: \_\_\_\_\_

Website 網址: www.sonicsports.org.hk Email 電郵: info@sonicsports.org.hk

Photos 相簿: www.fotop.net/sonicsports Forum 討論區: www.sonicsports.org.hk/forum

Address 地址: Po Box: 96865, Tsim Sha Tsui Post Office, Kowloon. 九龍尖沙咀郵政信箱九六八六五號

Tel 電話: +852-2504 3323 Fax 傳真: +852-2504 3303

 **新力體育會**  
**Sonic Sports Association**

**Health Declaration and Agreement**  
**訓練班及活動免責聲明書**

i) Age 18 or above

I hereby certify that I am in healthy physical to participate trainings organized by Sonic Sports Association. I shall be responsible for my own health and fitness and I understand that if any accident happens, the Association will give the utmost help but will not bear any legal responsibilities.

(1) 年滿十八歲或以上的參加者填寫此聲明

本人謹證明是自願參加此訓練班，亦謹遵守本會之一切規則及決定。參加以上訓練班時身體健康及良好，並無任何缺陷，適宜參加練習。

Date 日期：\_\_\_\_\_ Signature 參加者簽署：\_\_\_\_\_

ii) Age under 18 must complete this Health declaration by parents

I hereby certify that, \_\_\_\_\_, in healthy physical to participate trainings organized by Sonic Sports Association. \_\_\_\_\_ shall be responsible for his/her own health and fitness and I understand that if any accident happens, the Association will give the utmost help but will not bear any legal responsibilities.

(2) 未滿十八歲或以下的參加者須由家長或監護人填寫此聲明

本人謹證明(參加者姓名)\_\_\_\_\_是自願參加此訓練班，亦謹遵守本會之一切規則及決定。參加以上訓練班時身體健康及良好，並無任何缺陷，適宜參加練習。

Relationship 與參加者的關係： _____	Parents Name 家長或監護人姓名： _____
Date 日期： _____	Parents Signature 家長或監護人簽署： _____