

2025/26 MEMBERSHIP APPLICATION / RENEWAL FORM

(Membership valid from 1 September 2025 to 31 August 2026)

2025/26 會員入會 / 續會申請表格

(會籍有效期為 2025 年 9 月 1 日至 2026 年 8 月 31 日)

Notes 注意事項：

- i) This form is required to be fully completed. Application form with missing or inadequate information may be rejected.
申請表格內的資料必需全部填妥，否則本會未必受理有關申請。
- ii) The personal information provided by you will only be used for enrolment and management of activities organized by Squash Association of Hong Kong, China, statistical purposes, future contact and opinion survey. Apart from the staff duly authorized by the Association or otherwise required by law, no one will be given access to the information. For correction or access to personal data collected by means of this form, please contact our Administrative Officer at the Office of Squash Association of Hong Kong, China, G/F, Hong Kong Squash Centre, 23 Cotton Tree Drive, Hong Kong. 你提供的個人資料，只作中國香港壁球總會舉辦的各項活動報名及管理事宜、統計、日後聯絡及活動意見調查之用，除本會授權職員外或法律另有規定，將不會提供予其他人士。遞交申請表後，如欲更正或查詢個人資料，請聯絡本會行政主任，地址為香港紅棉路 23 號香港壁球中心地下中國香港壁球總會辦事處。

TYPES OF MEMBERSHIP 會員類別 (Please '✓' the appropriate. 請於適當的空格填上'✓')

| | ORDINARY MEMBER 成人會員 | JUNIOR MEMBER 青少年會員 (For applicants aged below 19 before 1 September 2025 申請者於 2025 年 9 月 1 日前為十九歲以下) |
|---|--|--|
| New Application / **Re-Join Member 新入會 / **重新入會 | <input type="checkbox"/> 港幣 HK \$450 HK \$100 Entrance Fee 入會費 + HK \$350 Annual Subscription 年費 | <input type="checkbox"/> 港幣 HK \$60 Membership No. (if applicable) 會員號碼 (如適用) _____ |
| Renewal 續會 | <input type="checkbox"/> 港幣 HK \$350 Membership No. 會員號碼 _____ | |
| Summer League Provisional Membership 夏季聯賽臨時會員 | <input type="checkbox"/> 港幣 HK \$200 | |

**Rejoin Members refer to those who do not hold a valid ordinary membership for the season of 2024/25.
重新入會會員為未持有有效 2024/25 會籍之人士。

PERSONAL DATA 個人資料

Name in English

(As shown on HKID / Birth Certificate / Passport)

英文姓名 (與香港身份證/ 出生證明書/ 護照相同)

Last Name 姓

First Name 名

Name in Chinese (If applicable)

中文姓名 (如適用)

Gender ☐ M 男
性別 ☐ F 女

Date of Birth
出生日期

YYYY 年 MM 月 DD 日

HKID / Birth Certificate / Passport No.
香港身份證/ 出生證明書/ 護照號碼

First 5 alphabet(s)
and digits
首 5 個字母及數字
e.g. A1234

Preferred Language ☐ Chi 中
常用語言 ☐ Eng 英

Email
電郵地址

Contact No.
聯絡電話

(1)

(2)

Emergency Contact
緊急聯絡人

Emergency No.
緊急聯絡電話

PAYMENT METHOD 付款方法

☐ Cheque (Payable to "Squash Association of Hong Kong, China")

支票 (支票抬頭為 "中國香港壁球總會" 或 "Squash Association of Hong Kong, China")

Bank

付款銀行

Cheque No.

支票號碼

☐ Cash (Please submit in person, address: G/F, Hong Kong Squash Centre, 23 Cotton Tree Drive, Central)

現金 (請親臨本會辦事處辦理, 地址: 香港紅棉路 23 號香港壁球中心地下)

DECLARATION / PARENTAL CONSENT (For applicants aged below 18, this part must be completed by his/ her parent or guardian)

聲明 / 家長同意書 (未滿十八歲的申請者須由家長/ 監護人填寫)

I declare that ** I am / (applicant's name) is healthy, physically fit, and suitable to participate in the Squash League and/or other tournaments/ activities. Squash Association of Hong Kong, China shall, to the maximum extent permitted by applicable law, not be liable for any injury or death or loss the participant may suffer or incur arising from his/her participation in the Squash League and/or other tournaments/ activities. Additionally, I confirm that **I / the applicant and (name of applicant's parent / guardian) have read and understood the contents of this declaration and application form and agree that the information collected about me and/or the applicant by the Squash Association of Hong Kong, China, will be used to process the relevant activities, manage and publish related details on the official website of the Squash Association of Hong Kong, China for public access, and other purposes set out in this application form. All information given above is true, correct and complete. The Squash Association of Hong Kong, China reserves its right to request the applicant to provide the proof of evidence for his/her information stated in this application form. ** I / The applicant hereby agrees to comply with the Terms, Rules and Regulations, and By-laws of the Association, which may refuse to accept this application without giving any reason therefor.

在此聲明 **本人 / (申請者姓名) 身體健康及體能良好, 適宜參加壁球聯賽及 / 或其他比賽 / 活動。

如因參加壁球聯賽及 / 或其他比賽 / 活動而引致傷亡或其他損失, 中國香港壁球總會在適用法律允許的最大範圍內無須負責。以及, **本人 / 申請者及 (申請者家長 / 監護人姓名) 確認已閱讀並理解本聲明及申請表的內容, 並同意中國香港壁球總會向本人及 / 或申請者所收集的資料只會用以處理相關活動的事宜, 以及往後管理及於中國香港壁球總會官方網站上公佈相關資料供公眾查閱以及本申請表所述的其他用途。以上各項資料均屬真實、正確及完整。中國香港壁球總會保留要求申請者提供其在本申請表中所述資料的證明文件的權利。 **本人 / 申請者同意遵守中國香港壁球總會之會章、會規及守則, 中國香港壁球總會有權拒絕本申請而無須給予任何原因。

Applicant's Signature

申請者簽署

Date

日期

To be completed by parent / guardian (if applicable) 由家長/ 監護人填寫 (如適用)

Parent/ Guardian's

Name

家長/ 監護人姓名

Parent/ Guardian's

Signature

家長/ 監護人簽署

Contact No.

聯絡電話

Date

日期

**Please delete as applicable 請刪去不適用者。

We intend to use the personal information you provided in this form for direct marketing but we may not so use the data unless we have received your consent. Please tick the box to indicate you:

我們擬用你在此表格提供的個人資料作直銷用途。但我們在未得到你的同意前, 不能如此使用那些資料。請在方格內加上「✓」號以表示你:

☐ Agree 同意

to receive promotional messages and materials from Squash Association of Hong Kong, China.

☐ Disagree 不同意

接收中國香港壁球總會的宣傳訊息及資料。

For Official Use 辦事處專用

Membership No.

Receipt No.

Date Received