

國立東華大學體能訓練室會員證申請單

(附件一)

Application form for physical training membership card of NDHU

二吋相片一張 (浮貼)
或照片電子檔 (.jpg)
1 x 2" photos or
electronic jpeg file of
mug shot
(東華學生有學生證免繳)
(Dong Hwa students
with valid student card)

姓名 (Name): 單位/系所級 (Office/Dept):

職稱 (Identity):

學號 (東華大學學生):

(Student card nbr-Dong Hwa students):

身分證字號 (校外人士):

(ID card nbr- non Dong Hwa personnel):

通訊處 (Address):

電話 (Tel):

緊急聯絡人姓名 (Emergency contact-Name):

電話 (Tel):

聲 明 書 statement

本人茲聲明無皮膚病、眼或耳鼻喉疾病、氣喘或癲癇、心臟或其它內臟疾病、高血壓、其它傳染性疾病等等不適合體能訓練的情況，並願意遵守學校規定，於體能訓練期間注意各項安全，如有任何意外，致學校或他人受有損害時，本人願負完全之法律責任。

To Whom It May Concern, I hereby declare that I contract neither disease in skin, eyes, ears, nose, throat etc, nor do I have asthma, epilepsy, cardiac or internal organs problems, hypertension, or other contagious diseases, which condition will render me unsuitable for physical training.

I am willing to obey regulations of obligation and safety. I will take complete legal responsibility of any accident, caused by me, leading to damage University property or other users.

此致

國立東華大學

本人簽章 (Signature):

國立東華大學體能訓練室會員證申請單(中午時段)

Application form for physical training membership card of NDHU(noon)

姓名 (Name):

單位 (Office):

職稱 (Identity):

通訊處 (Address):

電話 (Tel):

緊急聯絡人姓名 (Emergency contact-Name):

緊急聯絡人電話 (Tel):

免 責 聲 明 書 statement

本人茲聲明無氣喘、癲癇、心臟或其它內臟疾病、高血壓等不適合體能訓練的情況，並願意遵守學校規定，於體能訓練期間注意各項安全，中午時段體能訓練室無安排管理人員，如有任何意外，致學校或他人受有損害時，本人願負完全之法律責任。

To Whom It May Concern, I hereby declare that I contract neither disease in asthma, epilepsy, cardiac or internal organs problems, hypertension, or other contagious diseases, which condition will render me unsuitable for physical training.

I am willing to obey regulations of obligation and safety. No staff was arranged at noon. I will take complete legal responsibility of any accident, caused by me, leading to damage University property or other users.

此致

國立東華大學

本人簽章 (Signature):