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| **National Taiwan Ocean University Gymnasium Membership Application Form** |
| No. (Office Use Only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Personal Details:**
 |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Gender:\_\_\_\_\_  | Date of Birth:\_\_(DD)\_\_(MM)\_\_\_\_\_(YY) | Tel:\_\_\_\_\_\_\_\_\_\_\_ |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Member Type | □Student (□Alumni) | Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Student I.D.:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □Staff | Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □Employee Spouse | Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □Retiree | Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □Other(Only for swimming membership) | Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Facility(s) | □Gym | □Badminton | □Table tennis | □Tennis | □Swimming Pool |
| Membership Fee | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ NTD |
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| 1. **Notices:**
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| 1. Before signing this form, I acknowledge I have read, understand and hereby agree to the terms and conditions of membership.
2. The membership applicants apply only to those who are in good health condition.
3. Please raise relevant identification documents to complete the application.
4. Please follow the rules and regulations of gymnasium. When the number of users exceeds the load, you shall queue and entry in accordance of arrival. No refund due to this reason.
5. Only weekends or opening hours announced by authorities are available for off-campus.
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| 1. **Standard Operating Procedure (SOP)**
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| Fill in the form, identification documents to activities section to confirm ID and membership fee→ Pay at division of cashier→ Handle application form, receipt, 1 inch photo identification documents to activities section |
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| 1. **Health History**
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| 1. Has your doctor ever said you have a heart condition?
 | □Yes | □No |
| 1. Do you have diabetes or suffer from high blood pressure?
 | □Yes | □No |
| 1. Has your doctor ever said you have bones, joints or muscles problem due to exercise?
 | □Yes | □No |
| 1. Are you over 65 years old and not suitable for exercising?
 | □Yes | □No |
| 1. Do you take medications such as heart or high blood pressure?
 | □Yes | □No |
| 1. Do you have any other medical condition or injury, or know of any other reason that would prevent you from exercising? If yes, please write out:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_
 | □Yes | □No |
| I hereby confirm my health condition is fine under evaluation. | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Officer** | **Division of Cashier,****Office of General Affairs** | **Activities Section,****Office of Physical Education** |
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| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Gender:\_\_\_\_\_ | Date of Birth:\_\_(DD)\_\_(MM)\_\_\_\_\_(YY) | Tel:\_\_\_\_\_\_\_\_\_\_\_ |
| Member Type | □Student (□Alumni) | Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Student I.D.:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □Staff | Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □Employee Spouse | Spouse’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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