



澳門空手道澳武館

ASSOCIAÇÃO DE KARATE-DO OBUKAN [SHOTOKAN]

S. K. I. F. MACAO OBUKAN

相片

PHOTO

會員申請書

MEMBERSHIP APPLICATION FORM

姓名

Name

性別

Sex

男 M

女 F

出生日期

Date of Birth

出生地點

Place of Birth

國籍

Nationality

身份證明文件

ID. document

澳門居民身份證

Macao Resident ID

護照

Passport

其它

Other

號碼：

No. :

住址

Address

電郵地址

E-mail

電話

Telephone

學校或任職機構名稱

Name of School / Company

職業

Occupation

一. 本人承諾遵守會內一切規則。

1. I promise to obey the Dojo rules.

二. 在訓練時間本人如遭受任何意外損傷，本人願自負全部責任。

2. I assume all risks of injury occur during the training.

三. 本人同意除自衛外不使用所學之空手道。

3. I promise to uphold the true spirit of Karate-do and never to use the skills that I am taught against any persons, except for defence of myself or others in the instance of extreme danger or unprovoked attack.

申請人簽名

Signature of Applicant

申請日期

Application Date

凡十八歲以下之會員需由家長或監護人填寫此欄

If member is under 18 years of age, the parent or guardian must complete the form below.

家長或監護人姓名

Name of Parent / Guardian

本人同意並批准上述之申請人加入澳門空手道澳武館成為會員

I as parent/guardian of said minor child, agree and allow him/her to be member of Associação de Karate-do Obukan [Shotokan].

家長或監護人簽名

Signature of Parent / Guardian

日期

Date