## Gun Club, CSDSA Application for Membership (CSD Staff)



## 懲教署體育會槍會 會員申請表 (懲教署職員)

	■ New 新申請	Rene	ew 換証 (Pleas	se fill in mem	bership no. 請填寫槍	會會員編號: )					
Peace affix Sex 性別:  Age 年齡: BKID / Passport No. 情期身分距應知麼嗎: ### ### ### ### ### ### ### ### ### #	Part I General Information 甲部 一般資料										
Record of physical disability (if any)   Passpraid particulars are true and complete to the best of my knowledge and belief. I have no previous record of mental disability (if any)   Passpraid particulars are true and complete to the best of my knowledge and belief. I have no previous record of mental are flushed to cause the contrary to the HKSAR. I understand that I shall refrain from acts or activities that are likely to constitute or are likely to cause the courterage of an offence endangering national security, or which would otherwise be contrary to the interests of national security.  I undertake to notify the Hon. Secretary of Gun Club. CSDSA in writing promptly if there is any change of the above personal particulars.  **A 人观学明以上個人資料全部異常之影。  **My Land Land Representation will only be used for the purpose of optical and my be used for the purpose of particulars.  **A 人观学明以上個人資料有任何轉變將畫快以再面到會懲教育都對會給會養務秘書。  **Date 日期: Signature 簽署:	Rank 職階 / No.編號:			ution 院所:	Please affix						
Record of physical disability (if any)	中文姓名:		Name	e:	and attach another						
Tel. No.(Office)	Sex 性別:			請貼近照一張							
### Residential Address  (住地:    Part II Other Information											
Experience / Qualifications with firearms (and type)											
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Membership of other shooting clubs 其他槍會會員: Record of criminal conviction (if any) 刑事記錄(如有): Record of physical disability (if any) 身體殘障記錄(如有):  I declare that the above personal particulars are true and complete to the best of my knowledge and belief. I have no previous convictions involving fraud, dishonesty or misconduct and I have no previous record of mental or physical disorder which would render me to suitable to use firearms, other than that disclosed above. I understand that I shall strictly abide by the laws of Hong Kong Special Administrative Region (HKSAR), and am aware of the contents of the Law of the People's Republic of China on Safeguarding National Security in the HKSAR. I understand that I shall refrain from acts or activities that are likely to constitute or are likely to cause the occurrence of an offence endangering national security, or which would otherwise be contrary to the interests of national security.  I undertake to notify the Hon. Secretary of Gun Club, CSDSA in writing promptly if there is any change of the above personal particulars.  ***A 人現聲明以上個人資料全部真實及光整。除以上所填觀以外,本人沒有因詐騙,不識實或行為不檢而被定罪;亦沒有任何身體煙頭或精神不健全或發而學女全的行為和活動。  ***本人承諾如以上個人資料有任何轉變將盡快以書面知會懲教著體育會槍會義務秘書。  ***Date 日期:*** Signature 簽署:***  Date 日期:*** Signature 簽署:**  ***Date H期:** Signature 簽署:**  ***Date H期:** Purpose of Collection: Personal particulars as required should be provided in this form, otherwise the the Association will not be able to process your application. Your information will only be used for the purpose of application for the membership, compilation of data, future correspondence, declaration and mailing the advertising materials of the Association will only be used for the purpose of application for the membership, compilation of data, future correspondence, declaration and mailing the advertising materials of the Association will only be used for purpose of application for the membership, compilation of data, future correspondence, declaration and mailing the advertising materials of the Association.  **C	Part II Other Information 乙部 其他資料										
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附錄(一)

# <u>自承責任書</u> <u>懲教署</u>

#### 参加在本港舉行的

比賽 / 訓練 (懲教署體育會槍會射擊活動)

### 第一部分—聲明

現謹聲明本人 / 本人的配偶 / 本人的子女身體健康,可以參加上述活動的訓練及賽事。本人明白參加是項體育活動,純屬自願,不會視為當值,一切風險責任蓋由本人承擔。上述體育活動進行期間發生於本人 / 本人的配偶 / 本人的子女身上的一切,均由本人承擔後果。本人完全知悉,香港特別行政區政府及香港懲教署不會接受任何就本人 / 本人的配偶 / 本人的子女於上述體育活動期間所受的任何損傷、創傷或死亡而提出的責任追究。本人現免除香港特別行政區政府、香港懲教署署長及 / 或其職員因本人 / 本人的配偶 / 本人的子女在活動中所受損傷、創傷或死亡而遭本人 / 本人的配偶 / 本人子女的遺產代理人或本人的供養人申索的賠償責任。

本人承諾儘快 / 立刻向康樂事務經理 / 相關屬會召集人報告本人的身體狀況或病況,以便 安排體育活動、比賽或訓練事宜。

姓	2	台(止桁	音)	:		女士*
職	皆	及編號	虓	:		
所	屬	院月	折	:		
聯	絡	電	話	:		
簽		5	署	:		
日		ţ	朝	:		
第.	二剖	『分—	<b>賽事</b> 》	進行	期間遇有意外請即通知下述人士	
(1)	姓	名(	(正楷)	:		女士*
	地		址	:		
	聯	絡電	電話	:		
(2)	姓	名(	(正楷)	:		女士*
	地		址	:		
	聯	絡電	電 話	:		