

# 个人资料保护法2012同意书

(21岁以下人士, 填写父母或监护人国民身份证号码/护照号码)

为遵照新加坡个人资料保护法 2012 的规定, 请授权我们为以下需要收集, 使用您的个人资料:

- 为会员提供信息: 会籍状态, 更新或其他有关会籍的相关信息;
- 为促进会籍的相关事宜及服务;
- 为向会员推广及沟通心柔会及其合作伙伴, 附属组织的宣传及活动;
- 为进行有关会籍的市场调查的需要而联系会员;

我, \_\_\_\_\_

国民身份证号码/护照号码: \_\_\_\_\_

\*[申请人的父母/监护 \_\_\_\_\_ (名字)  
\_\_\_\_\_ (国民身份证号码/护照号码)]

在此同意心柔会为以上需要收集使用我的个人资料。

\_\_\_\_\_  
\*申请人/父母/  
监护人签字

\_\_\_\_\_  
见证人/签字/  
身份证号码或护照号码

日期: \_\_\_\_\_

|                          |                          |
|--------------------------|--------------------------|
| 是                        | 否                        |
| <input type="checkbox"/> | <input type="checkbox"/> |

# Personal Data Protection Act 2012 (PDPA) Consent Slip

(If below 21 years old, to fill in name and NRIC no / Passport of parent or guardian)

In accordance with the Singapore Personal Data Protection Act 2012, please indicate your consent (by putting a tick in the relevant box) for the collection, use of your personal data below for the following purposes:

- To provide members with membership status updates and other membership-related information;
- To facilitate membership-related transactions and services;
- To market and communicate to members about Aikido Shinju-kai promotions, events, and including those conducted by Shinju-kai partners and affiliates;
- To contact members about membership-related surveys and market research;

I, \_\_\_\_\_

NRIC / Passport No: \_\_\_\_\_

\*{Parent / Guardian of \_\_\_\_\_ (Name of Minor)  
\_\_\_\_\_ (IC / Passport No. of Minor)}

hereby consent to the collection, use of my personal data by Aikido Shinju-kai for the purpose stated above.

|                          |                          |
|--------------------------|--------------------------|
| Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> |

Date: \_\_\_\_\_

\_\_\_\_\_  
\*Applicant's / Parent's /  
Guardian's Signature

\_\_\_\_\_  
Witness's Name / Signature /  
IC or Passport No.



# 合氣道心柔會 AIKIDO SHINJU-KAI



Officially recognised by Aikido World Headquarters, Japan.

Mailing Address: Toa Payoh Central Post Office P.O. Box 329, Singapore 913111

網址Website: www.aikidoshinju.com 電郵Email: hq@aikidoshinju.com 電話Tel: (65) 6256 0111 手機HP: (65) 9111 6287 / (65) 9681 3111 / (65) 9092 9111 傳真Fax: (65) 6842 0881

## MEMBERSHIP APPLICATION FORM / 会员申请表

(To be filled in by ASK Office / 此栏由心柔会本部填写)

道场 PRINCIPAL DOJO: \_\_\_\_\_ 训练时间 CLASS DAY & TIME: \_\_\_\_\_

入会日期 DATE JOINED: \_\_\_\_\_ (dd/mm/yy) 心柔会会员号码 ASK M'SHIP NO: \_\_\_\_\_

(Please write in BLOCK LETTERS / 请以正楷填写)

英文姓名: ENGLISH NAME: \_\_\_\_\_ (姓氏 / Family Name) \_\_\_\_\_ (名 / Given Name)

中文名: CHINESE NAME: \_\_\_\_\_ 性别: GENDER: 男 M [ ] / 女 F [ ]

身份证 / 护照号码: BC / NRIC / FIN / PASSPORT NO: \_\_\_\_\_ 年龄: AGE: [ ] 民族: RACE: \_\_\_\_\_

出生日期: DATE OF BIRTH: \_\_\_\_\_ 国籍: NATIONALITY: \_\_\_\_\_ 婚姻状况: MARITAL STATUS: \_\_\_\_\_

地址: ADDRESS: \_\_\_\_\_

邮政编码: POSTAL CODE: \_\_\_\_\_ 电邮地址: EMAIL ADDRESS: \_\_\_\_\_

联络电话: 手机: CONTACT NOS: HP: \_\_\_\_\_ 住家电话: HOME: \_\_\_\_\_ 办公电话: OFFICE: \_\_\_\_\_

职业 OCCUPATION: \_\_\_\_\_ 公司名称: NAME OF COMPANY: \_\_\_\_\_

习武经验及级别: PREVIOUS MARTIAL ARTS EXPERIENCE AND GRADE: \_\_\_\_\_

曾经注册成为合气道心柔会会员: PREVIOUSLY REGISTERED AS MEMBER OF AIKIDO SHINJU-KAI: \_\_\_\_\_ 有 YES [ ] / 否 NO [ ]

(如有, 请列明城市及入会日期) (If yes, please specify city and date joined) \_\_\_\_\_ (城市 CITY) \_\_\_\_\_ (入会日期 DATE JOINED)

是否有受过伤 / 医疗历史, 如有: (例如: 心脏病、高血压、糖尿病、哮喘、敏感、骨折等) DO YOU HAVE ANY PAST INJURIES, MEDICAL PROBLEMS / MEDICAL HISTORY: \_\_\_\_\_ 有 YES [ ] / 否 NO [ ]

(eg: Heart Disease, High Blood Pressure, Diabetes, Asthma, Allergies, fractures etc) (If yes please specify / 如果有请说明): \_\_\_\_\_

你有没有被定过罪, 法庭或法律的任何刑事罪行? HAVE YOU EVER BEEN CONVICTED IN THE COURT OF LAW FOR ANY CRIMINAL OFFENCE?: \_\_\_\_\_ 有 YES / 否 NO

(If yes please specify / 如果有请说明): \_\_\_\_\_ [ ] [ ]

(本人同意所有条款和条件为网页所列遵守并宣布由我提供的所有上述信息是真实和正确的。本人同意, 任何陈述误导或失实这里应当给予我的申请无效, 即便会籍已正式批准我的会员资格将被撤销和支付的任何款项将不获退还。)

I hereby agree to abide by all TERMS & CONDITIONS as stated overleaf and declare that all the above information given by me are true and correct. I hereby agree that any mis-information or untrue herein stated shall render my application null and void and my membership revoked even if the membership has been formally approved and any monies paid shall not be refundable.

\*APPLICANT'S SIGNATURE: \_\_\_\_\_ 日期: DATE: \_\_\_\_\_

\*申请人如果未满21岁, 由父母或监护人签署 / 父母 / 监护人签署 / If below 21 years old, to be signed by parent or guardian :

Parent's / Guardian's Name & Signature: \_\_\_\_\_ 姓名 / Full Name \_\_\_\_\_ 签署 / Signature

\*心柔会保有权利拒绝您的申请, 无须给予任何理由的权利 / Aikido Shinju-Kai reserves the rights to reject your application without any reason given (请确保有页签署 / Please also sign on the reverse side)

For Official Use Only (此栏只供心柔会本部填写) Invoices No. & Date issued: \_\_\_\_\_ Issued by: \_\_\_\_\_

|  |   |  |  |  |                                   |
|--|---|--|--|--|-----------------------------------|
| <input type="checkbox"/> Form Completed & Signed | <input type="checkbox"/> 2 Photographs        | <input type="checkbox"/> Principal-Dojo Card Given       | <input type="checkbox"/> Handbook Issued   | <input type="checkbox"/> Membership Book | <input type="checkbox"/> Database |
| <input type="checkbox"/> Registration Fee: S\$30 | <input type="checkbox"/> Membership Fee: \$36 | <input type="checkbox"/> Pro-rated Membership Fee: _____ | From _____ to _____  |  |                                   |
| Dogi Type & Size: _____                          | Dogi Fee: _____                               | Total Fees: _____  | Authorization: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved |  |                                   |



## 棄權和賠償協定

歡迎您加入合氣道心柔會！以下是我們的相关條款及規章，請您仔細閱讀：

- 合氣道心柔會將會負責您的合氣道訓練課程，您現在所在的道館就是您的訓練道場，所有道場的訓練費必須在新一期訓練开始前付清。
- 所有學員**必須**簽訂《**棄權和賠償協議**》，並將其交給您的道場教練，沒有簽訂此協定者將不能參加訓練。
- 每一位學員必須成為合氣道心柔會的會員，以下是會員的權利，請仔細閱讀：
  - 學員在成為會員三個月以後才能參加升級等考試。
  - 會員會被發予會員證，用以記錄級別、參加研習會等資料以及其它有關事項。
  - 其訓練費可讓會員享受會員待遇。
  - 只有會員才會收到來自合氣道心柔會的通訊或其它刊物。
- 入會的學員第一次所繳交的會費包括一次性註冊費 S\$30 (不含消費稅)、首年的會費 S\$36 (不含消費稅) 及學員手冊的工本費，其後學員每年需繳交會員費。
- 會員如離開合氣道心柔會超過兩年則需重新註冊。  
每年的會員費必須在 12 月 31 日前更新。於 1 月 31 日後更新則必須支付 S\$6 (不含消費稅) 的過期附加費。
- 您所繳交的所有費用不能退還和轉讓。
- 我們的兒童班招收 5 至 12 歲的兒童，5 歲以下的兒童不能參加升級考試。
- 合氣道心柔會可能在預先通知的情況下修改以上條款及規章。

您可以閱讀學員手冊，並到我們的網站“[www.aikidoshinjukai.com](http://www.aikidoshinjukai.com)”查詢最新的資訊。訓練愉快！

**A warm welcome in joining Aikido Shinju-kai! We would like to explain to you our TERMS & CONDITIONS. Please read carefully:**

- Aikido Shinju-kai is the organization that conducts your Aikido lessons. Your current training place will be your Principal-Dojo and all Principal-Dojo training fees must be paid before the start of a new term.
- All students **MUST** sign the **DEED OF WAIVER AND INDEMNITY** and return the form to your Instructor/Leaders immediately. No students are allowed to train without signing the form.
- All students must be a member of Aikido Shinju-Kai.
  - Students must be members for a minimum of 3 months before they are eligible to go for Grading.
  - Members will receive a membership booklet for recording their grades, seminars and other details.
  - Only members are eligible for member's rate when training at other Dojos.
  - Members will receive newsletters or other publications from Aikido Shinju-kai, where applicable.
- An application fee of S\$30 (excluding GST) will include an Aikido Shinju-kai student's handbook. Annual membership fee and subsequent renewal will be S\$36 (excluding GST), however first time applicant's membership fee will be pro-rated.
- Any member who leaves Aikido Shinju-kai for more than 2 calendar years will have to be re-registered as a member. Membership fees must be renewed yearly before 31<sup>st</sup> December. A levy of S\$6 (excluding GST) will be applied if renewal is made after 31<sup>st</sup> January.
- All payments made are non-refundable nor transferable, in the event of termination/revocation.
- The age for children class is 5 to 12 years old. Children less than 5 years of age will not be eligible for Grading.
- Aikido Shinju-kai may revise the above terms & conditions from time to time without prior notice.

**You may like to read the student handbook and check our website “[www.aikidoshinjukai.com](http://www.aikidoshinjukai.com)” for the latest information. In the meantime, enjoy your training!**

通過這份協議，

\*本人/(\*二十一歲以下申請人的 \*父母/監護人) \_\_\_\_\_ 身份證/護照號碼: \_\_\_\_\_

\*(\*二十一歲以下申請人姓名 \_\_\_\_\_ 身份證/護照號碼(二十一歲以下申請人): \_\_\_\_\_ )

- 我同意，不論是心柔會（包括會里的工作人員、服務人員、志願者、學員、代理人、教練、管理者等），還是管理者都對我沒有義務。對於在上課訓練、升級、展示合氣道的過程中所造成的一系列財產損失，個人傷害或死亡，我據此放棄對心柔會（包括會里的工作人員、服務人員、志願者、學員、代理人、教練、管理者等）追究一切責任的權利。
- 我特別在先申明，我同意，如果我參加其它與合氣道有關的活動，風險自負，心柔會（包括會里的工作人員、服務人員、志願者、學員、代理人、教練、管理者等）對我沒有任何義務，我據此放棄對心柔會追究一切責任的權利。
- 我保證心柔會（包括會里的工作人員、服務人員、志願者、學員、代理人、教練、管理者等）免于承擔因我或我的行為所招致的任何訴訟、索賠、損失和債務。
- 我同意，由於我的責任而給心柔會帶來的財產損失，我會照價賠償，由於我的責任而給心柔會帶來的各種不良影響、惡意中傷，我都會承擔相應的法律責任。
- 在訓練中，對方以手勢、口令、動作等告知我停止技術動作，我必須立即中止技術動作並立即放手保護對方，如故意傷害對方將承擔所有責任。

\*申請人/父母/監護人簽署: \_\_\_\_\_ 見證人姓名與簽署: (必須是\*二十一歲或以上) \_\_\_\_\_ 日期: \_\_\_\_\_

## DEED OF WAIVER AND INDEMNITY

(If below 21 years old, to fill in name and NRIC no / Passport of parent or guardian)

By this Deed,

I, \_\_\_\_\_ NRIC / Passport No: \_\_\_\_\_

\*(Parent / Guardian of \_\_\_\_\_ (Name of Minor)

\_\_\_\_\_ (IC / Passport No. of Minor)}

irrevocably agree that neither Aikido Shinju-kai (“ASK”), Shinju-kai International Pte Ltd (“SIPL”), its Committee, staff, servants, voluntary helpers, students, agents, instructors, and monitors shall be liable to me \*and/or the Minor, for any loss of \*and/or damage to any property or for any death or personal injury howsoever caused or sustained by me \*and/or the Minor, whilst engage in lessons, training, grading or taking part in demonstration in the art of Aikido wheresoever conducted and I \*as Parent/Guardian of the Minor hereby discharge ASK, SIPL, its Committee, staff, servants, voluntary helpers, students, agents, instructors, and monitors from all claims that I \*and/or the Minor have against them.

In particular but without prejudice to the foregoing, I \*as Parent/Guardian of the Minor also agree that if I \*and/or the Minor should participate in any other activities, relating to the art of Aikido, I \*and/or the Minor will do so entirely at my, \*his/her own risk and ASK, SIPL, its Committee, staff, servants, voluntary helpers, students, agents, instructors, and monitors shall be exempted from all liabilities whatsoever and howsoever caused and I \*as Parent/Guardian of the Minor hereby waive all claims now or hereafter available to me \*and/or the Minor for any loss of \*and/or damage, and upon my \*and/or the Minor's death or personal injury.

I \*as Parent/Guardian of the Minor shall indemnify ASK, SIPL, its Committee, staff, servants, voluntary helpers, students, agents, instructors, and monitors against all proceedings, claims, expenses and liabilities whatsoever which may be taken or made against or incurred by ASK, SIPL, its Committee, staff, servants, voluntary helpers, students, agents, instructors, and monitors by reason of any claim or action of whatsoever nature which may be brought by me or on my \*and/or the Minor's behalf in respect of the foregoing.

Signed, Sealed and Delivered by \_\_\_\_\_ Witness: (must be above 21 years of age) \_\_\_\_\_ Date: \_\_\_\_\_

\*Applicant's /Parent's /Guardian's Signature  
\*將不適用者刪除 Delete where not applicable

Witness's Name /Signature /IC or Passport No.