元智大學健康休閒中心使用證申請單 Yuan Ze University Fitness Center Pass Application Form

會員卡號		照片檔名			
Membership Card Number		Photo File Name			
申請人姓名		身分證字號/居留證號碼			
Appellant Name		National ID No. / ARC No.			
出生年月日		行動電話			
Date of Birth		Mobile Phone No.			
單位/系級		學號			
Unit / Department		Student ID No.			
電子信箱					
Email					
緊急連絡人					
Emergency Contact					
姓名	姓名 行動電話				
Name		Mobile Phone No.			

Applicant's Identity Identification		身分證明文件	收費標準 Fees				
		Identification Document	換卡號 Change Card No.	單次票 Single	10 格 10 Entries	半年 6 Months	一年 1 Year
Staff	本校在籍學生 Current Student	學生證或其他證明文件 Certificate of Enrollment	•		1150	650	1200
dent or					_	_	650
versity Stu	本校在校學生領有身心障 礙手冊者 Current Yuan Ze University Student with Disabilities	身心障礙手冊正本 Disability Id Card		免費 Free			
Yuan Ze University Student or	本校在校學生有低收入戶 資格者 Current Yuan Ze University Student with Low-income Status	低收入戶證明書正本 Original copy of proof of low-income family		免費 Free			
校内 7	本校專任教職員工 Yuan Ze University Full-time Faculty and Staff	教職員工服務證或其他證明文件 Faculty and staff ID or other proof of identity		150	1150	ĺ	2000
th Yzu	教職員之配偶及直系血親 Spouse or Direct Blood Relative of Yuan Ze University Faculty and Staff	户籍謄本正本或其他證明文件 Original copy of household registration transcript or other proof of identity	50				
ted wi	本校畢業校友 Yuan Ze University Alumni	本校畢業證書正本 Original copy of diploma					
校外 Not Affiliated with Yzu	遠東集團員工 Far Eastern Group Employee	員工證或其他證明文件 Employee ID or other proof of identity		160	1300	3330	5560
	學生或校友之配偶及直系 血親 Spouse or Direct Blood Relative of Yuan Ze University Student or Alumni	户籍謄本正本或其他證明文件 Original copy of household registration transcript or other proof of identity					
	一般人士 General Public	無 None		200	1600	_	_

個人資料蒐集、處理、利用同意書

Consent Form for the Collection, Processing, and Use of Personal Information

元智大學健康休閒中心 (以下簡稱本中心),為遵守個人資料保護法規定,保障您的權益及幫助您瞭解本中心如何蒐集、 使用及保護您個人資訊,請務必詳細的閱讀本同意書之各項內容。

The Yuan Ze University Fitness Center ("the Center") provides this consent form in accordance with the Personal Data Protection Act to ensure that your rights are protected and to help you understand how the Center collects, uses, and protects your personal information. Please read the contents of this consent form in detail.

- 本中心因執行會員管理相關業務,而獲取您下列個人資料類別:識別類(姓名、身分證統一編號或居留證號碼、行動電話、會員證晶片卡號、單位或系級、學號、電子信箱)、特徵類(出生年月日)、家庭情形(緊急連絡人姓名、緊急連絡人行動電話),若您的個人資料有任何異動,請主動向本中心承辦單位申請更正,使其保持正確、最新及完
- 整。

 二、本中心依個人資料保護法及相關法令之規定下,蒐集、處理及利用您的個人資料。當您的個人資料使用方式與當初本中心蒐集的目的不同時,我們會在使用前先徵求您的書面同意,您可以拒絕向本中心提供個人資料,但您可能因此喪失您的權益。

 三、個人資料利用之期間、地區、對象及方式:
 (一)期間:付款日起自合約使用完畢(二)地區:元智大學(三)對象:本校體育室及健康休閒中心(四)方式:以書面紙本或電子檔方式呈現四、您可依個人資料保護法第3條規定,就您的個人資料向本中心行使之下列權利:
 (一)查詢或請求閱覽。
 (二)請求製給複製本。
 (三)請求學止蒐集、處理或利用。
 (五)請求停止蒐集、處理或利用。
 (五)請求刪除。
 若您欲執行上述權利時,聯繫電話:03-4638800轉 2951或 2952。但因您行使上述權利而導致權益產生減損時,本

若您欲執行上述權利時,聯繫電話:03-4638800轉 2951或 2952。但因您行使上述權利而導致權益產生減損時,本

- 石忠敬執行工並権利时,聯繫電話·05-4050000 轉 2951 或 2952。但因恐行便工並権利而等致権益産生滅損时,本中心不負相關賠償責任。 您得自由選擇是否提供相關個人資料,惟若拒絕提供個人資料,本中心將無法進行必要之審核及處理作業,致無法提供您相關服務。 若您提供之個人資料,經檢舉或本中心發現不足以確認您身分真實性或其他個人資料冒用、盜用、資料不實等情形,本中心有權性您之個人資料。 四、
- 五、
- The Center will obtain your personal information, in the categories listed below, to conduct business related to the management of membership. Personal identification (name, national ID number or ARC number, mobile phone number, membership card chip number, unit or department, student ID number, email), personal characteristics (date of birth), and family information (emergency contact name, emergency contact mobile phone number). Please contact the Center if there are any changes to your personal information to ensure that the information is correct, up-to-date, and complete.
- The Center will collect, process, and use your personal information in accordance with the regulations of the Personal Data Protection Act. If there are any discrepancies between how your personal information is actually used and the original purpose of the Center collecting personal information, we will first obtain your written consent before using your personal information. You may refuse to provide your personal information to the Center, but this may result in you losing certain rights and privileges.
- III.
- Period, region, user, and method of using your personal information:
 (I) Period: From the date of payment of fees to the end of the contracted period
 - Region: Yuan Ze University
 - (III)User: The Yuan Ze University Physical Education Office and Fitness Center
- (IV) Method: In writing on paper or electronic files
 You may exercise the following rights regarding your personal information with the Center in accordance with Article 3 of the Personal Data Protection Act:

 - (IÍ)
 - (III)
 - the right to make an inquiry of and to review your personal data.
 the right to request a copy of your personal data.
 the right to supplement or correct your personal data.
 the right to demand the cessation of the collection, processing, or use of your personal data. (IV)
 - the right to erase your personal data.

- To exercise the rights listed above, please call: 03-4638800 ext 2951 or 2952. However, the Center shall not be liable for compensation if you suffer any loss to your rights or privileges due to the exercise of the above rights. You may freely choose whether to provide your personal information. However, refusal to provide your personal information will result in the Center being unable to conduct the necessary review and processing, and therefore will not be able to provide you with related services.
- The Center has the right to terminate your membership and take other related actions if the information you provide is reported to be or is discovered by the Center to be insufficient to confirm the authenticity of your identity, or the personal information provided is fraudulent, stolen, or false. In such cases, you shall bear all liabilities.

本人已充分知悉上述告知事項並均表同意

I have fully understood the above information and I agree to all of it.

此致

元智大學體育室

Yuan Ze University Physical Education Office

立同意書ノ	Signed	by:	
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健康管理檔案

Health Management File

此檔案目的在幫助您了解自身的健康狀況,且對您的運動安全及健康促進具有非常重要的意義與價值,另外,對於本校體育相關設施的管理有莫大的幫助,衷心的期盼您儘量詳細的填寫,謝謝合作。

This file is meant to help you understand your personal health status, and it will be significant and valuable to you for your safety during exercise and the improvement of your health. Furthermore, it will also be very helpful for the management of Yuan Ze University's exercise equipment. Please fill it out in detail, thank you.

元智大學體育室 敬上 Yuan Ze University Physical Education Office

以下健康情形調查表	長,請在每一題下□選取遊	■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■■	तावर्ष राज्या राज्य	i ladi kali kali kali kali kali kali kali kal
Please select the mos allowed.)	st suitable options for each	h of the questions below by	placing a check mark ((v) in the \square . (Multiple choices
1.心血管疾病:如高	「血壓、心臟病等			
□沒有	□曾經患有	□現在患有	□現在患有	□直系家族中
	(已痊癒)	(治療中)	(未治療)	(有人患有)
2.腦部疾病:如中風	1、腦震盪等			
□沒有	□曾經患有	□現在患有	□現在患有	□直系家族中
	(已痊癒)	(治療中)	(未治療)	(有人患有)
3.呼吸疾病:如氣喘	等			
□沒有	□曾經患有	□現在患有	□現在患有	□直系家族中
	(已痊癒)	(治療中)	(未治療)	(有人患有)
4.內臟疾病:如肝炎	、胃病等			
□沒有	□曾經患有	□現在患有	□現在患有	□直系家族中
	(已痊癒)	(治療中)	(未治療)	(有人患有)
5.代謝性疾病:痛風	1、糖尿病等			
□沒有	□曾經患有	□現在患有	□現在患有	□直系家族中
	(已痊癒)	(治療中)	(未治療)	(有人患有)
6.運動功能疾病:如]關節炎、運動傷害			
□沒有	□曾經患有	□現在患有	□現在患有	□直系家族中
	_ (已痊癒)	(治療中)	(未治療)	(有人患有)
) 是否有醫生囑咐不能運	動的狀況?		
□是 □否。若名	答"是"請簡述之			•
1 0 1 1	1. 1 1.111	11 4 12		
1. Cardiovascular	disorders such as nigh bloo	od pressure and heart disease: □ Currently have	□ Currently have	□ Blood family
F	past(now cured)	(receiving treatment)	(not receiving	(one or more blood
2. Brain disorders su	ich as stroke or concussion	:	treatment)	relatives has it)
□ None □	☐ Have had in the	□ Currently have	☐ Currently have	□ Blood family
F	past(now cured)	(receiving treatment)	(not receiving treatment)	(one or more blood relatives has it)
3. Respiratory disord	ders such as asthma:		,	,
□ None □ □	☐ Have had in the bast(now cured)	☐ Currently have (receiving treatment)	☐ Currently have (not receiving	 □ Blood family (one or more blood
•		` '	treatment)	relatives has it)
4. Internal organ disc	orders such as hepatitis or some Have had in the	stomach disorders:	□ Currently have	□ Blood family
F	past(now cured)	(receiving treatment)	(not receiving	(one or more blood
5. Metabolic disorde	rs such as gout or diabetes	:	treatment)	relatives has it)
□ None □	☐ Have had in the past	□ Currently have	□ Currently have	□ Blood family
(now cured)	(receiving treatment)	(not receiving treatment)	(one or more blood relatives has it)
	sorders such as arthritis or		,	
	☐ Have had in the bast(now cured)	☐ Currently have (receiving treatment)	☐ Currently have (not receiving	☐ Blood family (one or more blood
	,	` ,	treatment)	relatives has it)
,		instructed you to not exercise	se'?	
\square Yes \square No. If t	he answer is "yes", please	provide specific details:		
7 . L 1/2 - 2		ند مطبعات الرساد		_
【請您重新權	僉查一次確定無	誤後,本人簽名	:	

[Please confirm that there are no errors, then **personally sign here**:

聲明書 Statement

本人已詳閱及明白健康休閒中心之各條款與細則,且願意遵守上述各等條款與細則的管理,於本中心內使用期間注意各項安全,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。 I have read and understood the terms and conditions of the Fitness Center and am willing to abide by the aforementioned terms and conditions. I will pay attention to safety precautions when I am using the Fitness Center. I am willing to bear full legal responsibility if I cause any accidents that result in damage to the University or to other parties.

此致	
元智大學體育室	
To	
Yuan Ze Universit	v Physical Education Office

中	華	R	函	左	月	n
<u> </u>	————	民	國	<u>+</u>	/1	日
			(YYYY)	(N	(M)	(DD)

【以上請詳細檢查填寫內容是否皆正確】 [Please check the above contents carefully to ensure everything is correct]

收款日期	收款金額	
Payment Date	Payment Amount	
承辨人	發票號碼	
Processing Clerk	Receipt Number	