

## Registration form youth players

for membership of Volleyball Association KVA

The signing parent or guardian hereby registers the mentioned youth player for membership of Volleyball Association KVA. Memberships can only be ended at least four weeks before the end of the season in writing (by post or email) to the membership administration. Place a check mark at the information that may not be shared with other members.

### Personal details minor

Initials and gender	_____	<input type="checkbox"/> boy	<input type="checkbox"/> girl	<input type="checkbox"/> other
First name	_____			
Last name	_____			
Date of birth	<input type="checkbox"/>	_____		
Phone number	<input type="checkbox"/>	_____		
Email address	<input type="checkbox"/>	_____		

### Contact details parent/guardian

Street and house number	<input type="checkbox"/>	_____
Postal code and city	<input type="checkbox"/>	_____
Phone number	<input type="checkbox"/>	_____
Email address	<input type="checkbox"/>	_____
I would like to occasionally support the club as a volunteer:		<input type="checkbox"/> yes <input type="checkbox"/> no

### Signature parent/guardian

Name	_____
Date	_____
City	_____
Signature	_____

- This form is for youth players/minors (17 years or younger). Please use the registration form for adults if you are 18 years or older.
- Please submit a recent passport photo together with this form.
- Use the mandate form (*Machtigingsformulier*) for direct debit payment of membership fees.

Please send the completed and signed form to Barbara de Beer, Riouwstraat 91 B, 1094 XK AMSTERDAM or mail it to: ledenadministratie@kvavolleybal.nl