

## Registration form youth players

### *for membership of Volleyball Association KVA*

The undersigned parent/caregiver hereby registers the youth player named below for membership of Volleyball Association KVA. Memberships can only be ended at least four weeks before the end of the season in writing (post or email) to the membership administration.

### Contact details minor

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

### Contact details parent/caregiver

Street and house number	_____
Postal code and place of residence	_____
Phone number	_____
E-mail address	_____
I would like to occasionally support Volleyball Association KVA as a volunteer:	<input type="checkbox"/> yes <input type="checkbox"/> no

### Signature parent/caregiver

Name	_____
Date	_____
Place	_____
E-mail address	_____

- 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 [authorization form](#) for direct debit of the membership contribution.

Please send the completed and signed form to Cynthia Jansen, Esplanade de Meer 201, 1098 WK AMSTERDAM, or [ledenadministratie@kvavolleybal.nl](mailto:ledenadministratie@kvavolleybal.nl).