

## 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 \_\_\_\_\_  boy  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:  yes  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).