**Club membership registration form**

**Member:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name |  |  |  | Initials |  |  |

|  |  |  |
| --- | --- | --- |
| Last name |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Birth date |  |  |  | Gender |  |  | *(Male, Female, No gender)* |

|  |  |  |
| --- | --- | --- |
| City of birth |  |  |

|  |  |  |
| --- | --- | --- |
| Country of birth |  |  |

**Address:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Street |  |  |  | Number |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Post code |  |  |  | City |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Country |  |  | *( NL, D, B, etc.)* |

**Address *2 (optional):***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Street* |  |  |  | *Number* |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Post code* |  |  |  | *City* |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | *Country* |  |  | *( NL, D, B, etc.)* |

**E-mail:**

|  |  |  |
| --- | --- | --- |
| E-mail 1 |  |  |

|  |  |  |
| --- | --- | --- |
| *E-mail 2 (optional)* |  |  |

**Contact numbers (max 3, optional):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone number |  |  |  | home / mobile / work / |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Phone number 2* |  |  |  | *home / mobile / work /* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Phone number 3* |  |  |  | *home / mobile / work /* |

***Previous JBN number (plus previous club):***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *JBN number* |  |  |  | *Belt* |  |  |

|  |  |  |
| --- | --- | --- |
| *Judoclub* |  |  |

*Please, fill in the reverse side of form*

**Medical information (confidential):**

Are there any medical of physical issues we should be aware of?

Such as diabetes, epilepsy, injuries or other limitations.

|  |  |  |
| --- | --- | --- |
| Remarks |  |  |
|  | | |

We ask you to disclose any medical or physical conditions for your own safety. You are not obligated to declare them.

Any information given to us will be treated with the upmost discretion.

**GDPR (General Data Protection Regulation)** (in Dutch AVG)**:**

|  |  |  |
| --- | --- | --- |
| Ik ga akkoord met de registratie van mijn gegevens voor het veilig beoefenen van mijn sport. |  | Yes / No |

It is possible that during our activities - for example exams, workshops, camp, etc - that photographs and/or films (both individual and group) are taken. In order to avoid anything being published on social media (Facebook, YouTube or our webpage) without permission we hereby ask for permission to publish images, whereby you/your child are clearly recognisable.

|  |  |  |
| --- | --- | --- |
| I hereby agree that images containing myself/my child may be placed on social media. |  | Yes / No |

**Registration:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Registration date |  |  |  | Signature |  |  |

LET OP: Ingeval ondergetekende op het moment van tekenen jonger is dan 16 jaar dient deze verklaring eveneens door een ouder of voogd ondertekend te worden.

|  |  |  |
| --- | --- | --- |
| Name parent / guardian |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Signature  parent / guardian |  |  |

|  |
| --- |
|  |

*To be filled in by Judoclub Brunssum (Invullen door Judoclub Brunssum):*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *Datum verwerkt* |  |  |  | *Akkoord* |  |  |