

Registration form Basketball Association Venlo Sport Crusaders

Sex : M / F*

Last name : _____

Initials : _____ Name: _____

Date of birth : _____ Birthplace: _____ Nationality: _____

Address : _____

Postal Code : _____ Place: _____

Telephone number : _____ E-mail: _____

Previously member of a basketball club? Y / N * If yes, name of the club: _____

The undersigned declares that he/she has no debts with another association and that he/she agrees to the conditions attached to membership as described in our House Rules (see www.venlosportcrusaders.nl).

During association activities, photos and/film recordings can be made that can be placed on our social media channels. If you don't agree with that, let us know!

For association-related activities (competition, etc.), a digital photo of you will be taken upon registration, which will be included in

For minors, details, and signature of one of the parents and/or guardians are required.

Name parent/caregiver: _____ Telephone number parent/caregiver: _____

E-mail parent/caregiver: _____

Date: _____

Signature for registration:

Please tick the appropriate box below

- Payment is made by payment by direct debit. Fill in the authorization below!**
- Payment is made via Youth Sports Fund. (Requirements see www.jeugd sportfonds.nl/fonds/venlo/)**

Until further notice, I (the undersigned) grant Venlo Sport Crusaders the authorization to use my:

IBAN account number. : _____ **Bank:** _____

periodically debit the membership fees associated with VSC membership.

(See www.venlosportcrusaders.nl for the current contribution amounts for this season.)

The undersigned (account holder) Name : _____ Initials : _____

Signature for authorization:

Address: _____

Postal code : _____ Place: _____

Date : _____

To be completed by Venlo Sport Crusaders:

Leeftijdscategorie NBB: _____ Team Crusaders: _____

- *Wedstrijdspeler*
- *Recreant*