



**Data New Member:**

Initials: First name:  
 Last name: Boy/Girl Date of Birth:  
 Address: Postal code: City:  
 Home phone number: Mobile phone number:  
 E-mail address:  
 U-pass number and PIN (if applicable):

Signature membership:

We regularly take photos that we use for PR purposes and social media (without mentioning your child's name/data). Please give your permission for their use.

Yes  No

We are an organization and can only operate with the help of volunteers. This way we keep the contribution as low as possible and if we do it together it is also a lot more fun. Please let us know what you would like to do for the organization:

EHBO PR Communication Sponsoring Assisting during activities Other

The data entered on this registration form will be used exclusively in accordance with the privacy policy. This document can be found on our website.

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**Authorization for direct debit, to be completed by the account holder (parent/guardian):**

Initials: Last name:  
 Address: House number:  
 Postal code: City:

I hereby grant a standing authorization to Gymnastics Association Attila Utrecht in Utrecht to debit the amount of the membership fee of .....(fill in the child's name) from IBAN number ..... in instalments.

- 2 terms for the recreation (1h) and the toddler and infant gym (September and February)
- 10 terms for the select (not in July / August)

Date: ..... City: .....

Account holder's signature: .....

**TO BE FILLED OUT BY THE TRAINER:**

Will be added to the group: Commencement date:

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