



Dear WZK members,

We are currently working to update our membership information. We are using this form to ensure we have the correct contact details for all of our members and volunteers. May we ask you to **please fill in this form and hand it to your trainer before July 1, 2019.**

The undersigned is member of the Wassenaaarse Sportvereniging W.Z.K. Zwemmen and continues to accept the terms and conditions as outlined in the "statuten en het huishoudelijk reglement", which can be found on the website: www.wzk-zwemmen.nl.

Member

First name:..... Last name:.....

Date of birth (dd-mm-yyyy):.....

Address:.....

Zip code: City:..... Phone no. (06):

E-mail address:

Member of*: Diplomazwemmen Waterpolo Wedstrijdzwemmen (Competitive swimming)

*(You may check more than one answer)

Volunteer: Yes No Role:

Information about parent(s)/guardian(s) (Please fill-in only if the above member is a minor and/or parent is a volunteer)

First name:..... Last name:.....

E-mail address (parent/guardian):

Tel. no. (parent/guardian): Phone no. (06):

Volunteer: Yes No Role:

Coaches, trainers and volunteers may take photo's/video during training, competitions and other activities of WZK that can be used for PR purposes. If you do not grant permission for this, you can notify WZK in writing via secretaris@wzk-zwemmen.nl.

In accordance with the "Algemene Verordening Gegevensbescherming (AVG=GDPR)", WZK will not pass on your personal data to third parties. Personal data will only be used for the organization of club activities as described in the privacy policy that can be found on the website: www.wzk-zwemmen.nl.

By signing this form, I give permission to use the above information for club activities.

Signature of member: (and also of parent/guardian if member is under 18 years old)

Other comments:.....