



Registration form G.B.D. Calamari

!!! GIVE THIS FORM TO THE BOARDS' SECRETARY AS SOON AS POSSIBLE !!!

Membership Underwater hockey Donorship
 + Equipment subscription + NOB-membership

Personal data

LAST NAME:..... INITIALS:.....

FIRST NAME:..... GENDER: M / V

DATE OF BIRTH (DD/MM/JJ):.....

ADDRESS:.....

POSTAL CODE:..... TOWN:.....

CEL. NUMBER: 06-..... DIFFERENT PHONE NR.:.....

E-MAIL:.....

STUDENT NR ¹:.....

Additional data

Are you in possession of a:

Diving license ²? YES / NO If so: Level & diving organisation.....

NOB membership ³? YES / NO If so: Relation-/log number.....

Registered via:.....

Have you previously been NOB member?

If so: Start and end date.....

What was your relation nr.....

Emergency data (these data will only be used in the case of a(n) (diving)emergency)

NAME:.....

ADDRESS:..... POSTAL CODE:..... TOWN.....

CEL. NUMBER: 1:..... CEL. NUMBER: 2:.....

Signature ⁴

DATE:.....

CITY:.....

Hereby I agree with the privacy policy of G.B.D. Calamari⁵

¹ Only for members: your student number will be used to confirm your payment of the ACLO membership. Make sure to have purchased an ACLO membership before the 1st of November. If you are not in possession of an ACLO membership after this date, the fine will be recovered from you.

² In case you received one of your licenses from an organisation other than the NOB, make sure to add a copy of your license.

³ Members and donors are obligated to be insured for diving accidents when diving with Calamari. If you are not yet a member of the NOB, we advise you to apply for a membership. Members are obligated to be a member of the NOB.

⁴ By signing this form, you agree to the statutes and house rules of G.B.D. Calamari. (see www.gbdcalamari.nl/en)

⁵ For the privacy policy, go to: <https://gbdcalamari.nl/en/privacy>