

The undersigned requests to become a member of AFC Utrecht Dominators until cancellation. The undersigned also declares:

- To have completed this form truthfully;
- To have taken note of the internal rules and regulations applicable to the association. These are available for review in the club house (Burgemeester Norbruislaan 680, 3555 EZ Utrecht);
- To have taken note of the AFC Utrecht Dominators Privacy Statement published on www.utrecht-dominators.nl/privacy;

Cancellation of membership for the new season must be done in writing before 1 July of the current year. There will be no refund of membership fees in the event of early termination after the start of the season / end of the transfer period on August 1. (For English: <http://utrecht-dominators.nl/join-the-dominators>)

Last name : _____
 Initials : _____
 Nickname : _____
 Date of birth : _____
 Place of birth : _____
 Nationality : _____
 Type of ID and : _____
 Document number : _____
 Address : _____
 Postal code : _____
 City : _____
 Telephone number : _____
 E-mail : _____
 Previous membership : _____
 Upas number : _____

Also complete this section if the new member is a minor (<18 years).

parent caretaker legal representative(s)

Last name : _____
 Initials : _____
 Nickname : _____
 Date of birth : _____
 Place of birth : _____
 Nationality : _____
 Address : _____
 Postal code : _____
 City : _____
 Phone number : _____
 E-mail : _____

Datum :

Signature:

SUBSCRIBE FOR:

Tackle football

- Cadets (14-16 year)
- Juniors (16-18 year)
- Seniors (> 18 year)
- Candidate (all ages)

Flag football

- Peewees (06-12 year)
- Cubs (12-15 year)
- Seniors (> 16 year)
- Candidate (all ages)
- Yes, I would like to receive a one-time set of competition flags worth €20 that will be billed with my dues.

Overig

- Sponsor
- Non playing member¹ Tackle
- Non playing member¹ Flag
- Board
- Management
- Coach
- Physiotherapist
- Medic
- Referee

¹ Non playing member (NSL): only participates in training but not in competitions

Signature parent/caretaker:



REGISTRATION FORM

While practicing American Football, just like with any other sport, things can sometimes go wrong. In order to have all the necessary information quickly in those exceptional cases, we ask you to fill in this form. The form is kept by the board and will only be used by the board or coaches in the event of an emergency and is not shared with third parties.

PLAYER

Last name + nickname : _____
Last name parent/caretaker : _____

CONTACT PERSON IN CASE OF EMERGENCY

Last name + initials : _____
Address : _____
Postal code : _____
City : _____
Phone number : _____
Mobile telephone number : _____

OTHER

What kind of work or study are you currently doing? : _____
What else could you do for the club? : _____
Do you have ideas that can help the club? : _____
: _____

After signing, send to the address below and send 1 clear digital passport photo to bestuur@utrecht-dominators.nl (You can also hand in the form in person)

To be completed by the membership administration:

Date received:

Initials:



AFC Utrecht Dominators
2e Brandenburgerweg 15
3721 CG Bilthoven

Speel- en trainingslocatie:
Sportpark Zuilense Vecht
Burg. Norbruislaan 680
3555 EZ Utrecht

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