

VOETBALVERENIGING SCHARN

6202 WC Maastricht 2 043 - 3622210

website: www.scham.nl

REGISTRATION FORM

PLEASE FILL IN CA	APITALS				
First name*:			Initials*:	[
Insertion:			Surname*:		
Address*:			Postal code	*: [
Place of residence*:			Country:		
Nationality*:			Place of bird	th*:	
Phone number:					
Mobile number:			Hide data?		Yes / No**
E-mail address:					
Gender:	Male / Female	9**	Date of birth*:		
- Are you an entrep	peneur**? Yes /	No			
- If yes, do you agr	ee to be contact	ted by vv Scham	for any option	ns for spo	onsoring **? Yes / No
- What voluntary ta	sks do you want	to fulfill?			
☐ Bar attendant		Youth leader / tr	ainer □ (Ass		stent) referee
☐ General coordina	ator 🗆	Supplies manag	ement	□ Other	r

^{*} Requested data is mandatory.

^{**} Strikethrough what is not applicable; In case data is hidden, these will not be available for all users of the member's registration. Only people within the club which need the data for functional purposes will have access (e.g. the treasurer, the team assistant and the member's registration) in case this is strictly necessary.

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Your data will be treated with the greatest care by vv Scharn. We register personal data for membership purposes only in Sportlink, the administrative application used by VV Scharn. The privacy legislation (GDPR) applies here. The Privacy Statement of vv Scharn can be consulted on our website, www.scharn.nl/privacy. You can access your data at all times by contacting our members administration.