Shotokan Karate Vereniging Amstelveen



1. Subscription form: 3 pages to be filled in.

First name:		Surname:			
Given name:		Address:			
Date of birth:		Postal code:			
Place of birth:		Place of residence:			
KBN-member-nr*:		Cell phone nu	ımber:		
Telephone number:		E-mail:			
* if member					
Hereby subscribes as member for SKVA (Shotokan Karate Vereniging Amstelveen) and accepts the statutes, the rules for the lessons and the term of notice of two months.					
Undersigned declares that no-one else except him/herself is responsible for any injury caused during lessons or competition.					
If you have any injury, ailment or medicine that should be known by the instructor, please tell before the lessons. For example: heart and breathing problems, backaches, epilepsy, diabetes.					
The complete 3 forms filled in and signed can be sent to skva.info or is to be handed to the instructor within one month.					
City Date		Signature (if	underage parent or guardian)		
	/20				
How did you get to know SKVA ?					
□ Competition	□ Internet/we	bsite □ Hea	rd of via		
□ Folder, flyer or poster□ Last teacher	☐ KBN☐ JKA/other		ertisement iner:		

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2. Direct debit form for payment of contribution

For payment of the annual contribution SKVA uses a direct debit contract. If there is an error made in payment you can reverse the payment from the bank within 30 days.

When you subscribe as a (candidate) member there will be a first automatic payment, the amount will be dependent of the date of subscription. The next payments will be made when you choose: To pay once a year, you pay in September for the whole season. If you choose to pay in two terms, you pay half the contribution in September, half in February.

If the (candidate) member is underage, the form has to be filled in by his/her parent/ guardian. If there are more members from the same family, there will be a 10% familydiscount.

To withdraw your membership, you can send an email. We have a term of notice of two

months. Name of (candidate) member: If under age, name of parent/guardian: I will pay the annual contribution automatically until further notice and authorize the SKVA to withdraw the contribution from my account number. Name account holder: IBAN-number: | ____| ___| I choose to pay the contribution (check off your choice): □ in one term (September) ☐ in two terms (September and February) City Signature

(if underage parent or guardian)

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...../20..

Date

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3. Privacy: data protection (in dutch: 'AVG')

There are guidelines for the use of personal data. The privacy protocol of SKVA is available on the website skya.info

In short terms:

- It should be clear for what purpose the data is used.
- A person should permit the use of his/her personal data (see table).
- It should be possible to alter the permission: just send an email to skya@skya.info.
- 1. The subscribtion forms will be scanned. The personal data on the subscribtion form will be stored digital (e.g..: Name, Adress, Telephone nr., Date of birth, e-mail address and bank accountnr.).

The data will be stored on a PC and as a backup in the cloud. The data is only available for the SKVA board and delegated members. The data will not be shared with 3rd parties with the exception of banking data. These banking data will be used for automatic payment of the contribution at a banking house.

The general personal data will be used for communication via Website, e-mail and social media about SKVA, such as news and lessons. Privacy sensitive data will not be distributed. Your email address will be protected by sending group mail as BCC. During the lessons pictures and films may be taken. This material can be used on our website, Instagram, facebook.nl and promotion material (flyers, news, etc.).

2. Permission.

Permission is asked for:	I agree
Be a member of the e-mail group for members.	Yes / No
Be a member of the social media group for members.	Yes / No
Photo and film material with you present to be used for the club.	Yes / No

Photo and film material with you present to be used for the club.		
If underage: parent or guardian.		
Name:	date:	
Signature:		