12 Stars Cricket Club Hofstade



Membership Registration A- Form*

| Name: | Seas | on: | |
|--|---|---------------------------------------|-----|
| First name and Family name: | Eg: 2004, 2005 etc | | |
| Address: | | , , , , , , , , , , , , , , , , , , , | |
| | | | |
| | | | |
| Telephone: e-mail: | | | |
| | | | |
| Date of Birth: | Age: | | |
| (DD/MM/YY) | (If under 18) | | |
| Nationality: | Place of Birth: | (eg: British, Belgian etc): | |
| (as per Passport): | | | |
| Resident in Belgium since: | | | |
| Identification document: (eg: Passport and Belgian Residence Permit (both) or Be | elgian ID card) | | |
| Passport Number: Belgian Residence | | | |
| Permit Number: | | | |
| (Please attach a photocopy to this form) | | | |
| , | | | |
| BELGIAN ID Card | | | |
| (Please attach a photocopy to this form) | | | |
| Have you ever played for another team in the I | Belgian Cricket Federation? | | |
| Yes: | No: | | |
| (Please specify which team and when) | _ | | |
| (i loade openly when toall and when) | | | |
| activities, whether resulting from club practice | e or competition or other activities. o assume the risk of injury. 12 Stars er their own personal medical insur- should sign this form below. The sig | | tha |
| I, the undersigned, hereby certify that the above | ve information is correct. | | |
| Signature: | Date: | | |
| Signature. | Date. | | |
| | | | |
| (of the Member or Parent / Guardian if Under 18) | | | |
| If the cignature above is that of the local superdian | please state the following details: | | |
| If the signature above is that of the legal guardian. | , please state the following details: | | |
| | | | |
| Full name of Guardian: | | | |
| | | | |
| Relation to the person named above: | | | |
| Emergency contact telephone number: | | | |