

## Registration form Sail and Surf club de Waolenwiert

Schipper / Crew / Member / Parent / Guardian\*

Name 1: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode and City: \_\_\_\_\_ Telnr.: \_\_\_\_\_

Email address: \_\_\_\_\_

Yes / No boat\* Type sailing boat: \_\_\_\_\_ with / without jib\*

In case of a boat with jib, at least one crewmember is obligatory.

Additional:

Surfboard (container of berth)       Cano (container of berth)  
 Extra trailer       Rubberboat

Privacy law: I hereby give permission\*:

- To publish pictures or classification of me on social media (Website, WhatsApp, Facebook, Instagram etc.) of the Waolenwiert
- To use pictures or classification of me for promotion material or publications in local newspapers.

The board may approach me for participation in:

Activities committee       Committee junior sailing  
 Maintenance committee       Committee sailing races

I am aware of the rules and regulations as published on the website of the Waolenwiert.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Crew/ member

Name 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode and city: \_\_\_\_\_ Telnr.: \_\_\_\_\_

Email address: \_\_\_\_\_

Privacy law: I hereby give permission\*:

- To publish pictures or classification of me on social media (Website, Whatsapp, Facebook, Instagram etc.) of the Waolenwiert
- To use pictures or classification of me for promotion material or publications in local newspapers.

The board may approach me for participation in:

Activities committee       Committee junior sailing  
 Maintenance committee       Committee sailing races

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Send this form to the secretary: Ivo Kuijf, St Lambertuslaan 38 6212 AT Maastricht or mail it to: [secretaris@waolenwiert.nl](mailto:secretaris@waolenwiert.nl)

\* Please mark the relevant choices



## Junior sailing course Optimist (minimal age: 8 years)

Participants in the course must register as a member of the Waolenwiert. Registration for the course means payment, no restitution.

**Name 1:** \_\_\_\_\_ Participates in: CWO I / II / III\*

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Telnr.: \_\_\_\_\_ Email address: \_\_\_\_\_

Rents optimist from the club: yes/ no

Privacy law: Hereby I give permission: \*

- To publish pictures or classification of me on social media (Website, WhatsApp, Facebook, Instagram etc.) of the Waolenwiert
- To use pictures or classification of me for promotion material or publications in local newspapers.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Name 2:** \_\_\_\_\_ Participates in: CWO I / II / III\*

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Telnr.: \_\_\_\_\_ email address: \_\_\_\_\_

Rents Optimist from the club: yes/no

Privacywetgeving: Hereby I give permission to\*:

- To publish pictures or classification of me on social media (Website, WhatsApp, Facebook, Instagram etc.) of the Waolenwiert
- To use pictures or classification of me for promotion material or publications in local newspapers.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Signature

If the applicant is younger than 16 years old, then a parent or guardian has to sign the form also.

Name parent / guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Send this form to the secretary: Ivo Kuijf, St Lambertuslaan 38 6212 AT Maastricht or mail it to: [secretaris@waolenwiert.nl](mailto:secretaris@waolenwiert.nl)

\* Please mark the relevant choices