



APPLICATION FORM OF A REGIONAL UNION MEMBER
OF THE CZECH MINIFOOTBALL ASSOCIATION



Regional Union Name*:

IN/CRN*:

First name and surname*:

Registration number:
(to be filled in by the Union)

Club Name*:

Place of Birth:

Date of Birth*:

Birth Number:

Permanent Address*:

(street, house number, postcode, town/city)

Temporary Address:

(street, house number, postcode, town/city)

Nationality:

Telephone number:

E - mail:

Social Network Name:

(Facebook, Twitter, or other)

Gender (man/woman):

Employment:

*** Mandatory data**

I, the undersigned, declare honestly that I am acting in the above-mentioned regional association (hereinafter referred to as "RA") registered at the Czech minifootball Association (hereinafter referred to as "AMF ČR") at my own risk and I am fully responsible for my health state. I honestly declare that in the event of any health or other problems related to my health status during my activities in the RA, I will not make any financial or other claims to the RA or the AMF ČR. I confirm that I enter the RA and then the AMF ČR voluntarily and I agree to my registration in the above RA.

By signing below, I confirm that I acknowledge and fully agree with the text of the stand-alone document - **PERSONAL DATA PROCESSING INFORMATION AND CONSENT TO PERSONAL DATA PROCESSING**.

I declare that I have carefully read the text of this application, I understand the content and agree with it. That is confirmed by my own signature.

Date:

Signature of the new member's team leader:

Signature of a new member:

Signature of parents:
(players under the age of 18):

Attachments: !!! An essential part of the application is one original and undamaged photo of dimensions on the ID card, a registration fee for the purpose of producing a player registration and membership fees. The amount of both these fees is set in the List of Fees and Awards, which is published on the pages of the above-mentioned regional association!!!

Personal Information Manager:

Signature of Personal Information Manager:

Contact to Personal Information Manager:

Signature of a Representative of the Regional Union: