

Application for admission KIND

on membership of the spiel raum bildung - gesundheit - sport e.V. association.

Please note: Each child needs a separate application!

The fields marked with * are mandatory. Unfortunately, we cannot process incomplete applications.

Personal details:*

Name **(child)** _____ First name _____

Street _____

ZIP CODE _____ Place _____

Date of birth _____

Last name **(parent)** _____ First name _____

Street _____

ZIP CODE _____ Place _____

Date of birth _____ Occupation _____

e-mail _____

Telephone _____

Desired **sports department/s:*** _____

I am interested in actively participating in the association:

YES

NO

Contribution structure valid from 1.10.2023

Status*	Annual fee	monthly
<input type="checkbox"/> Children and young people up to 18 years	72,00 Euro	6,00 Euro
<input type="checkbox"/> Students, pensioners, REHA-Sport, trainees, Military service with presentation of the corresponding certificate	84,00 Euro	7,00 Euro
<input type="checkbox"/> Member aged 18 and over	144,00 Euro	12,00 Euro
<input type="checkbox"/> Family 1: 1 Adults + incl. max. 2 Children +(each additional child)	200,00 Euro (+ 30,00 Euro)	16,67 Euro (+2,50 Euro)
<input type="checkbox"/> Family 2: 2 adults + incl. max. 2 children +(each additional child)	300,00 Euro (+ 30,00 Euro)	25,00 Euro (+2,50 Euro)

Admission to the association is by resolution of the Executive

Board. Data protection notice

The above data is collected and processed for the purposes of billing and supporting your membership of the spiel raum bildung - gesundheit - sport e.V. association. Your personal data will not be passed on to third parties.

The membership fee and termination

The membership fee per person is calculated from the current membership fee table. The membership fee is debited in accordance with the following direct debit authorization. Upon informal request, quarterly payment of the membership fee is possible.

Notice of termination must be given 4 weeks prior to October 1 of each year. It must be declared in text form to the Executive Board.

Direct debit authorization

I hereby authorize spiel raum bildung - gesundheit - sport e.V. to debit the following account with the fee due. This direct debit authorization can be revoked in writing at any time. If there are insufficient funds in the account, the bank holding the account is under no obligation to honor the payment. Any costs incurred shall be borne by me.

Account details:*

Account holder

(please use PRINTING LETTERS)

Credit institution

IBAN

Place:

Date:

Signature

(for minors, that of a legal guardian)

Type of contribution payment:*

Please check the desired type.

- 1x per year on 01.10.
- Half-yearly on 01.10. and 01.04.
- Quarterly on: 01.10.; 01.01.; 01.04.; 01.07. (for this payment method, an informal application (by [e-mail](#)) with reasons is required.

Articles of association

With my signature I accept the statutes of the association in the currently valid version.

Privacy policy*

A transfer of parts of this data to the respective sports associations and the Bavarian State Sports Association (BLSV) only takes place within the framework of the purposes specified in the statutes of the sports associations or the BLSV. These data transfers are necessary for the purpose of organizing a game or competition and for the purpose of obtaining public funding. Data is not transferred to third parties outside the professional associations and the BLSV. Data will also not be used for advertising purposes.

Upon termination of membership, personal data is deleted unless it must be retained in accordance with tax regulations.

In accordance with the provisions of the Federal Data Protection Act, every member has the right to information about the personal data stored about a person by the responsible body. In addition, the member has the right to correct incorrect data.

I agree that spiel raum bildung - gesundheit - sport e.V. may use my e-mail address and - if collected - my telephone number for the purpose of communication. The e-mail address and telephone number will not be transmitted to the BLSV or the professional associations, nor to third parties. The profession is only used for statistical purposes of the association and is not mandatory.

Yes, I consent to this

I agree that spiel raum - bildung - gesundheit - sport e.V. may publish images of sport-related or social events of the association on the website or association publications and pass them on to the press for the purpose of publication without special consent. Images of named individuals or small groups, however, require the consent of the persons depicted.

Yes, I consent to this

Place: _____ Date: _____ Signature: _____