



Secretariat Lightning Leiden
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Registratie Nieuwe Spelers (invullen bij 1^e proeftraining)

First Name : _____

Family Name : _____

Date Of Birth : _____

Place of Birth : _____

Nationality : _____

Address : _____

Postal Code : _____

City : _____

Phone Number : _____

E-mail : _____

Medical Details : _____

Health Insurance : _____

Category : _____

Date Start Practice : _____

Date Last Practice : _____

Became a member
 Did not became a member, because _____

Signature Coach + Date

Nb. Every new player gets a registration form at the 4th practice.