**Chiro Sint-Maarten**

Naam: ………………………………………………………………………………………………………………………………………………….

Geboortedatum: ………………………………………………………………………………………………………………………………….

Afdeling: □ Speelclub □ Kwiks □ Tippers □ Tiptiens □ Aspi’s

Adres: …………………………………………………………………………………………………………………………………………………

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Telefoon: ……………………………………………………………………………………………………………………………………………..

GSM ouders: …………………………………………………………………………………………………………………………………….

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GSM lid: ……………………………………………………………………………………………………………………………………………….

e-mail ouders: ……………………………………………………………………………………………………………………………………..

e-mail lid: …………………………………………………………………………………………………………………………………………….

Belangrijke medische info: …………………………………………………………………………………………………………………..

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□ Ik geef toestemming dat foto’s van mijn kind op facebook mogen komen

□ Ik geef toestemming dat mijn kind alleen naar huis mag na de chiro

Handtekening

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