

(\*) For minors, signature of a parent or guardian.

## Red Sox Hockey Club Zürich 8000 Zürich

## Member Registration form

The below person would like to register to the Re	d Sox Hockey Club Zurich as:
☐ Active member ☐ Active member in education (student, apprentice etc.)	
☐ Junior member —	
☐ Passive member/supporter	
I was introduced/got to know Red Sox through:	
Personal details	
Surname	First name
Street	Postal Code/City
Date of birth	Gender
Nationality	Mobile number
Mobile number parent/guardian of minors	
Email address	
AHV no. for juniors (for J+S)	
The club terms and conditions will be sent by posand observed. A later resignation from the club m	_
I accept the data protection regulations, available	at https://www.redsox.ch/club
General photography and video recordings may b do not consent, please send an e-mail to info@re	e published on our communication channels. If you dsox.ch.
Accident insurance is the sole responsibility of the	e member.
I would like to receive the newsletter x2/ year in μ	ohysical form $\square$ in electronic form $\square$
Place and date	Signature (*)