

# Application for Admission



Sport-Club Pinneberg  
von 1918 e.V.

## Membership Application

I hereby apply for membership of Sport-Club Pinneberg von 1918 e.V. as of

\_\_\_\_\_  
Date of admission

Member

\_\_\_\_\_  
Surname      First Name      Date of Birth

female       male       diverse

\_\_\_\_\_  
Address.      Postcode      Town

\_\_\_\_\_  
Telephone/Mobile\*      E-Mail\*\*

\* Please provide this information voluntarily so that we can contact you in the event of course cancellations, last-minute changes, emergencies, or to fulfil the association's statutory duties

\*\* To ensure we can stay in touch with our members in the long term, we would appreciate it if you could provide this information voluntarily.

**When taking part in the parent-and-child gymnastics, details of one parent must be provided:**

Parent

\_\_\_\_\_  
First Name      Surname      Date of birth

female       male       diverse

## Entry into the following course

- New Membership: A one-time registration fee, as set out in the fee schedule, is payable immediately.

Proof of eligibility for reduced membership fees due to education, study, a participation card or similar must be provided.

**Please check the relevant boxes; multiple selections are possible**

- |  |   |
|--|---|
| <input type="checkbox"/> Badminton                                 | <input type="checkbox"/> Child Group                |
| <input type="checkbox"/> Adult                                     | <input type="checkbox"/> Adult + Child              |
| <input type="checkbox"/> Children/Youth                            | <input type="checkbox"/> Gymnastics for Children    |
| <input type="checkbox"/> Dart                                      | <input type="checkbox"/> Marching Band              |
| <input type="checkbox"/> Adult                                     | <input type="checkbox"/> Adult                      |
| <input type="checkbox"/> Youth                                     | <input type="checkbox"/> Youth                      |
| <input type="checkbox"/> Fitness and Health                        | <input type="checkbox"/> Rehab sports               |
| <input type="checkbox"/> several sessions per week                 | <input type="checkbox"/> Orthopedic Gymnastics      |
| <input type="checkbox"/> Leisure Group                             | <input type="checkbox"/> Water gymnastics           |
| <input type="checkbox"/> Football (participation in matches)       | <input type="checkbox"/> Performance Sword-fighting |
| <input type="checkbox"/> Adult/Inclusion                           | <input type="checkbox"/> Fitness for Seniors        |
| <input type="checkbox"/> Youth                                     | <input type="checkbox"/> several sessions per week  |
| <input type="checkbox"/> Participation in matches (Pass once 12 €) | <input type="checkbox"/> Recreational diving        |
| <input type="checkbox"/> Gymnastics                                | <input type="checkbox"/> Adult                      |
| <input type="checkbox"/> several sessions per week                 | <input type="checkbox"/> Youth                      |
| <input type="checkbox"/> Karate                                    | <input type="checkbox"/> Tabletennis                |
| <input type="checkbox"/> Adult                                     | <input type="checkbox"/> Adult                      |
| <input type="checkbox"/> Youth                                     | <input type="checkbox"/> Youth                      |

Sports group:

\_\_\_\_\_  
Group name      Day / Time      Trainer

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## Additional memberships in SCP

I am already a member in SCP / a family member is already in SCP:

1.

\_\_\_\_\_  
Surname First Name Course

2.

\_\_\_\_\_  
Surname First Name Course

3.

\_\_\_\_\_  
Surname First Name Course

Change of course - previous course: \_\_\_\_\_

In addition, I will remain in the course: \_\_\_\_\_

## SEPA Direct Debit Mandate (Direct Debit Authorization)

I authorize Sport-Club Pinneberg to collect payment from my account via direct debit. I also instruct my bank to honor the direct debits drawn on my account by SCP. I may request a refund of the debited amount within eight weeks of the debit date, provided my objection is justified. The terms and conditions agreed upon with my bank apply.

\_\_\_\_\_  
Surname (Account holder) First Name (Account holder)

\_\_\_\_\_  
IBAN Bank

Fee for:

\_\_\_\_\_  
Surname, First Name

\_\_\_\_\_  
Place / Date Signature For minors: Signatures of both legal guardians

## Privacy Policy

We process personal data in accordance with the General Data Protection Regulation (GDPR), the Federal Data Protection Act (BDSG), sector-specific data protection standards, and the bylaws and regulations of associations governing competitions and games, to the extent that this is necessary in connection with the sports activities we offer. You may request information about the data we process at any time in accordance with the GDPR. I have read the privacy policy available on the website at <http://sport-club-pinneberg.de/mitgliedschaft/> and hereby give my consent.

\_\_\_\_\_  
Place / Date Signature For minors: Signatures of both legal guardians

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## Confirmation of Admission

By signing this document, I agree to be bound by the bylaws of Sport-Club Pinneberg von 1918 e.V. and all supplementary regulations, as well as membership fees and activity-specific costs (activity regulations, user regulations, fee schedule, etc.). These can be viewed at <http://sport-club-pinneberg.de/mitgliedschaft/> or at the office. Direct debit payments are processed quarterly on February 1, May 1, August 1, and November 1 of each year, or on the following business day. The authorization reference number is assigned by the club and appears in the payment description of the direct debit. In accordance with the bylaws, I acknowledge that notice of termination must be provided in writing. The notice period is 6 weeks prior to the end of the quarter. The minimum membership term is 6 months.

Place / Date

Signature

For minors: Signatures of both legal guardians

**To be completed by the club only**

Received: