

Declaration of enrollment for children under 18 Application: Ability/performance group Guest* Course Fun group

I hereby apply for membership for my child in the Allgemeinen Turnverein Graz.

The contract shall be concluded for an indefinite period of time. Written cancellations can only be done quarterly, at the **end of** the following months **March/June /September/December** (§ 6 of the statutes) * **Not valid for guests.** Payments must be made until successfully unsubscribed.

The fees for the performance group, the course or fun group cover the training or course for 20 school weeks / semester (term). Any additional training sessions have to be arranged with the coaching staff or training directors and must be paid extra! Engaging in any physical exercise or activity in the gym class is at your own risk.

□ The photographs of your child which are taken at events can't be used for communication purposes (club newspaper, website, posters and advertising brochures).

 $\hfill\square$ I want not to receive club newsletter or newspaper.

	Application-
Agreements	Ability/performance group/course/fun-group:
	Fee/semester (term) with conclusion of contract: €
Membership number:	
Starting date:	Payment method:
Enrollment fee (one-off fee): €	with standing order (must be set up within a month)
Monthly membership fee 12x per annum with conclusion of contract: €	 I annual subscription fee (payment form/cash) you only pay 11 instead of 12 months fee.
First and second name of the child	 direct debit authorization from account I hereby authorize Allgemeinen Turnverein Graz to collect
First and second name of a legal guardian/-s	outstanding balance of my membership account from my current account stated below. This authorisation will remain in effect until cancelled.
Date of birth of the child	
Nationality	Name of account holder
Address / Street and Number	Name of Bank
Postcode/ City	IBAN
telephone number – child	BIC
telephone number – legal guardian/-s	
Email-child	
Email-legal guardian/-s	Place and Date
Date / Signature / legal guardian/-s	Signature / account holder

8010 Graz • Kastellfeldgasse 8 • phone: 0043/316/824345 • fax: 0043/316/824345-15 • www.atgraz.at • office@atgraz.at • ZVR - Nr. 830950215 • Steiermärkische Sparkasse • IBAN AT31208150000083386 • BIC STSPAT2GXXX