

30.01.2016

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	First Name	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	(dd/mm/yyyy)	<input type="text"/>
Address	Street	<input type="text"/>
	City	<input type="text"/>
	Zip Code	<input type="text"/>
	Country	<input type="text"/>
Handy Phone	<input type="text"/>	
E-Mail	<input type="text"/>	
Team	<input type="text"/>	
Team Code	<input type="text"/>	
Licence Number	<input type="text"/>	
Size:	<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge	
Transfer Back	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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