



MEMBER REGISTRATION FORM 2016-2017

The undersigned _____ Place of birth _____

Day of birth _____ City of residence _____

Street name _____ Zip Code _____

Region _____ Country _____

Telephone Number _____ Email address _____

REQUESTS,

after having seen and agreed with the Charter and internal regulations, to be admitted as a member of "SLACKLINE BOLOGNA A.S.D."

declares to have seen the conditions of insurance of AICS membership and made aware of the possibility of eventual changes made therein.

To have received the Policy authorising the processing of my personal data as per Art. 13 of legislative decree number 196 dated 30/06/2003 bringing forth the 'new code for the protection of personal data' and consent to their processing for the purposes of complying with said statutory requirements.

Pursuant to Art. 13 of legislative decree number 196/2003 bringing forth regulatory measures regarding 'the new code in matters of personal data protection', you are informed that the personal data you provide shall be processed in the manner required as per the regulation above and pursuant to general privacy norms.

Said data will be processed for institutional purposes therefore strictly connected to statutory ends. Data processing shall be carried out via telematic or hardcopy means either which guarantee its integrity and privacy. Rights provided by Art. 7 of the legislative decree number 196/2003 (deletions, refusal of processing) can be exercised in relation to the aforementioned data processing.

Date _____ Signature _____ Parental or legal guardians _____