

VELA TOSCANA ASD

Via Barbolani, 2/B
56128 Marina di Pisa, Pisa
C.F. 02172790509
Affiliated UISP n. 17003650 CONI n. L071050

ENROLLMENT FORM

First Name _____ Last Name _____

Born in _____ Date of Birth _____

Address _____ City _____ State/Country _____

Mobile _____

Email _____

Codice Fiscale or Document number _____

In keeping with Article 23 of the D.L 30/6/2003 n.196, and having been informed of the regulations concerning my right to Privacy, I agree to the the use of my personal data

SIGNATURE

_____ Date _____

- 1) I have read and accept Vela Toscana ASD's statute and regulations
- 2) I have read and accept the rules concerning the courses, regattas, learning/school cruises
- 3) I have read and accept the information concerning risks involved in the activities
- 4) I have read and accept the information regarding the maximal UISP insurance coverage
- 5) I have read and accept the regulations for the enrollment for Vela Toscana ASD activities
- 6) I believe the demographic data above is true and correct as reported to Vela Toscana ASD
- 7) When necessary, I am enclosing the required medical certificate either by family doctor or by a sporting centre
- 8) I authorize Vela Toscana ASD to publish in any form my picture or image as taken while participating in activities promoted, run or sponsored by Vela Toscana ASD.
- 9) My image, be it photography, video or any other media may be used or reproduced completely free.
- 10) Signature to specifically accept the above points:

Signature of a Parent or Legal Guardian on behalf of Underage members:
