

REQUEST FOR ADMISSION TO MEMBERSHIP

Respectable Sports Federation S.K.O.I.

Seiken Shudo Kai Karate Do Ogasahara-Ha

c/o Studio contabile Rodoni Sagl
Via Ciseri - 56600 Locarno (CH)

The undersigned _____, born in _____ (____) on ____ / ____ / ____
resident in _____ (____) Postcode _____
Street/Square _____ n° _____
Tax Code _____, Identity Card No. _____
Mobile phone ____ / _____, mail _____
Attending the Master's _____ gym _____

ASKS

admission as a member to the Sports Federation S.K.O.I. and declares

- To have read the Statute and to accept and respect it in all its points;
- To have read the Regulations and to accept and respect them in every respect;
- To commit to paying the annual membership fee and membership contributions depending on the role and activities chosen;
- That you have read the Privacy Policy provided;
- To give your consent to the processing of personal data by the Federation, pursuant to art. 13 Legislative Decree n. 196/2003 and GDPR 679/2016 for the realization of the institutional purposes of the Federation and to the extent necessary for the fulfillment of the tax, legal and insurance obligations established by the regulations;
- To give your consent to the use of personal data by the Federation, pursuant to art. 13 Legislative Decree n. 196/2003 and GDPR 679/2016 for the implementation of profiling and direct communication initiatives (via email, telephone messaging, social media, ordinary mail, for the realization of the institutional purposes of the Federation);
- To be free from physical and mental illnesses and disabilities that are contraindicated for the practice of sports necessary for carrying out the Association's objectives and to produce a suitable medical certificate;
- To exempt the Federation, its managers and its technicians from any liability deriving from accidents that may occur during the activity carried out in training, competition, stage or other nature;
- To exempt the Federation, its managers and its technicians from responsibility for any accidents caused to others attending training practices, competitions, internships or other types of training organized by the Federation.

I authorize the photography and/or filming of the undersigned, carried out for institutional purposes only, during the carrying out of the activities and/or events organized by the Federation.

Yes No

I consent to the processing and publication, for institutional purposes only, of videos, photographs and/or images aimed at revealing the identity of the undersigned, on the website, on social media channels, in articles in the press and on noticeboards posted in premises thereof. Yes No You consent to the use of personal data by the Federation, pursuant to art. 13 Legislative Decree n. 196/2003 and GDPR 679/2016 for the implementation of profiling and direct communication initiatives (via email, telephone messaging, ordinary mail) for marketing purposes, both direct and external partners.

Yes No

Place _____ Date ____/____/____

Signature _____

- Attached is a photocopy of your identity card.
- Attached is a medical certificate for carrying out sporting activities (including non-competitive ones)