

SISSA CLUB REGISTRATION FORM

Year 2024

Name: _____

Surname: _____

E-mail: _____

Country of birth (for non-italian people only): _____

Date of birth (dd/mm/yyyy) : _____

Gender: Male Female Other/No Answer

Social Security Number (codice fiscale): _____

I am paying the association fee for the year 2024 (01/01/2024 – 31/12/2024). The amount is:

- 14€/year for sport activities (with insurance)
- 7€/year for all other activities (with no insurance).

In case of sport activities, I attach the “non-competitive” medical certificate (certificato medico sportivo non agonistico).

I declare to have read the statute of the “Associazione Sportiva Dilettantistica SISSA Club” and to agree with it.

I understand and accept the Privacy Policy reported at page 2 of the Registration Form.

Trieste, _____

Signature

Signature of a member of the SISSA Club Directive Board

SISSA Club's Privacy Policy

The member declares to be informed that, within the meaning and for the purposes of Regulation (EU) 2016/679 "General Data Protection Regulation" (GDPR) and within the requirements of the D. Lgs. 196/2003 "Codice in materia di protezione dei dati personali" as modified by the D. Lgs. 101/2018, all the data transmitted to SISSA Club, for the purposes related to the standing contract, will be treated, also with IT tools, by applying appropriate measures that guarantee security and confidentiality, in compliance with the regulation described above. The information related to the treatment of personal data can be found at: <http://www.sissa.it/it/privacy>. Within the meaning of art. 5 of GDPR, personal data will be treated following the principles of propriety, lawfulness, and transparency. Data must be appropriate, relevant, and limited to what necessary for the purpose for which they are processed.