

# REGISTRATION FORM TO SISSA CLUB

a.y. 2017-2018

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security Number (codice fiscale): \_\_\_\_\_

I pay the association fee for the a.y. 2017-2018 (01/10/2017 – 30/09/2018). The amount is 10€ for sportive activities (with insurance) or 5€ otherwise.

In case of sportive activities, I attach the "not-agonistic" sportive certificate.

I declare to have read the statute of the 'Gruppo Sportivo Dilettantistico e Culturale SISSA Club' and to agree with it.

SISSA Club will use your personal data just for subscribe you to the insurance and for internal communications regarding SISSA Club activities and events. They will not be divulgated to third parts. In particular SISSA Club will follow the Italian law concerning the treatment of personal data (Decreto Legislativo 30 Giugno 2003 "Codice in materia di trattamento di dati personali").

Trieste, \_\_\_\_\_

Signature \_\_\_\_\_

Signature of the SISSA Club Directive Board member who received the money

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