



ENROLLMENT AS ACTUAL MEMBER FOR SEASON 2016/2017

I undersigned _____
Born in _____ on _____ country _____
town _____ address _____ n. _____ zip code _____
phone _____ e-mail _____

ASK

To be admitted as

- SPORT ASSOCIATE** (with insurance) Annual Fee € 30.00
 SUPPORTIVE ASSOCIATE (without insurance) Annual Fee € 20.00

of SCI.G. MILANO – GRUPPO SCI ASD association.

I undersigned declare to know and to accept Association Statute and I commit myself to Annual Fee payment.

Association status will be valuable until: 31st October 2017

_____ (town), _____ (date) SIGNATURE _____

Privacy informative

I authorize SCI.G. MILANO – GRUPPO SCI – ASD to use my personal detail for any necessity relate to activity of group, included transmission of the same details to Insurance Company in order to have insurance to cover responsibility and accident during not competitive sport activity, according to Italian law (Dlgs 196/2003 *legge sulla privacy*).

SIGNATURE _____

Authorization for image utilization

- I authorize** **I don't authorize**

SCI.G. MILANO – GRUPPO SCI – ASD, to use my image by picture or electronic image registration, and my name to be published in webpage of SCI.G. MILANO – GRUPPO SCI – ASD and for any necessity of the group.

I authorize SCI.G. MILANO – GRUPPO SCI – ASD to use my images in any situation, in any place and with any kind of system whole world. This is only a possibility not obligation.

I declare I have nothing to pretend for use of my pictures.

SIGNATURE _____

Authorization for my address and name transmission

I authorize my name and email address transmission to other affiliated associations

SIGNATURE _____