

REGISTRATION FORM

Applicant personal data (or parent/legal guardian in case of minors)

Name and Surname.....
Born in on.....
Nationality..... Tax code

Resident in (street, square, etc.).....
City.....(Province).....Postal code.....
Mobile.....E-mail.....

to be filled out only in the case of minors

parent/legal guardian of the minor

Minor Data

Name and Surname.....
Born in on

Nationality..... Tax code

AI
ACCADEMIA IACOPINI

Centro di Alta Formazione per la Danza

REQUESTS

to be admitted/admit the minor as a member of the association "ACCADEMIA IACOPINI - ALTO CENTRO FORMAZIONE DANZA - Associazione Sportiva Dilettantistica" with head office in Rome, Via Padre Angelo Paoli n°62, Tax Code 97969730585.

To this end I declare:

that I have read the Articles of the Association and that I fully accept and comply with them;

that I accept without reservation the decision of the Association bodies regarding this application;

that I acknowledge that the data acquired or collected by means of this form will be processed in accordance with the provisions of the privacy legislation in force pursuant to art. 7 et seq. of the EU Regulation 2016/679 and I authorise the processing of the data pursuant to art. 13 of Legislative Decree no. 196 of 30 June 2003 "Personal Data Protection Code" and art. 13 of the GDPR (EU Regulation 2016/679).

Roma, _____ Readable signature _____

FOR THE ASSOCIATION

- The aspiring member is allowed to attend provisionally, only on today's day, the premises and activities of the association
- The prospective member has been admitted as a member of the Association.
Card number _____

Roma, ____ / ____ / ____ Association signature _____

ASSOCIAZIONE SPORTIVA DILETTANTISTICA

Sede Legale:

Via Tuscolana, 63 – 00182 Roma

Sede Operativa:

Via Padre Angelo Paoli, 62 – 00144 Roma

CF: 97969730585