

SECOND STAR SAILING

Associazione Sportiva Dilettantistica

Sede Legale:

Piazza F. Buonamici, 2 56126 Pisa
C.F. 93090720504 P.IVA 02289350502
Affiliata UISP n.18016124

Membership Application Form 2019

Name -----

Address -----

City ----- Country -----

Telephone -----

Email -----

Date of Birth ----- Place of Birth -----

Codice Fiscale -----

Under the D.L 30/6/2003 n.196, and in particular Art. 13 & 23 and acknowledging Privacy laws, I agree to allow Second Star Sailing ASD to gather my personal data for the Association's use only

Signed ----- Date -----

	YES	NO
I have read and accept the statute of the association	<input type="checkbox"/>	<input type="checkbox"/>
I have read and accept the rules pertaining to courses, regattas & learning cruises	<input type="checkbox"/>	<input type="checkbox"/>
I have read and accept the information regarding risks	<input type="checkbox"/>	<input type="checkbox"/>
I have read and accept the information regarding UISP insurance	<input type="checkbox"/>	<input type="checkbox"/>
I have read and accept the rules regarding membership	<input type="checkbox"/>	<input type="checkbox"/>
I am submitting a signed medical statement or sports medical certificate by my doctor according to Italian Law,	<input type="checkbox"/>	<input type="checkbox"/>
I authorize Second Star Sailing ASD to gather and publish in any form my image while engaged in activities organized by Second Star Sailing ASD, for Second Star Sailing ASD use only, and not for resale in any way	<input type="checkbox"/>	<input type="checkbox"/>
I opt in to receive occasional email from Second Star Sailing ASD regarding the Association's activities	<input type="checkbox"/>	<input type="checkbox"/>
I understand I may opt out at any time or cancel my membership by contacting Second Star Sailing ASD via pec at : secondstarsailing@pec.cloud	<input type="checkbox"/>	<input type="checkbox"/>

Signature to accept the aforementioned points

Signature of Parent/Guardian for minors
