

# registration **CAMP 2022**



**PRINT AND FILL OUT FORMS**



**BY BANK TRANSFER PAY USING THE IBAN CODE  
IT50Y0200845360000106150287  
REGISTERED TO SG SOCCER A.S.D  
INDICATING IN THE CAUSAL:  
NAME AND SURNAME REGISTERED, LOCATION AND DATES  
OF THE CAMP**



**SEND US THE COMPLETED DOCUMENTATION, THE SPORTS  
MEDICAL CERTIFICATE AND THE TRANSFER RECEIPT TO OUR  
ADDRESS  
INFO@SGSOCCER.IT**

# registration

# CAMP 2022



MOD.2/T

TESSERATION SOCIAL YEAR 2021/2022  
ASSOCIATION SG SOCCER ASD Cod. 263

SURNAME (CHILD) .....

NAME .....

PLACE OF BIRTH .....

SEX M F DATE OF BIRTH .....

HOME TOWN ..... ADDRESS ..... N .....

CAP ..... (.....) F.C. .... E-MAIL .....

KIT SIZE ..... ROLE .....

IN CASE OF NEED CALL: (CELL 1) ..... (CELL 2) .....

THE CHILD CAN SWIM: YES NO

INFO EVENTUAL ALLERGIES: .....

WEEK ENTRY TIME ..... EXIT TIME .....

3-8 JULY 2022 DOMODOSSOLA

10-15 JULY 2022 DOMODOSSOLA

WITH MEDICAL CERTIFICATE  WITHOUT MEDICAL CERTIFICATE

The undersigned declares under his own responsibility to have been informed by the amateur sports association SG SOCCER ASD that the performance of the sporting activity he intends to practice may involve health risks for those who have previous health problems; to be aware that the law does not allow to replace medical certificates with self-certification of the person concerned; to NOT want to provide medical certification attesting to their state of health and, for the effect, to exonerate the sports association SG SOCCER ASD from any liability arising from any damage to health reported in the conduct of the above activities that are a result of circumstances not foreseeable in the absence of such certification.

Signature .....



1) Image rights

The undersigned, consent, without time limits, to the archiving and to the free, non-profit use of my own photographic or audiovisual images (or of the images of my child in the case of a minor member) taken during the events organized by SG SOCCER ASD, stating that he/she is aware that such images may be included in publications, including online, addressed to the inside or outside of the association (newsletters, leaflets, flyers, posters, invitations, newspapers, magazines, albums, websites, social networks, video footage, television footage or web streaming, etc..) and acknowledges that it is expressly excluded any use of such images in contexts that may affect the personal dignity and / or decorum of the subjects filmed. I also declare that the authorization to use these images is freely and entirely granted free of charge, confirming that I have nothing to claim by reason of the above and to waive irrevocably or any right, action or claim arising from the above authorized.

Signature .....

2) SG SOCCER ASD's promotional activities

In relation to the processing of personal data of the interested party for purposes of direct marketing / market research of 'SG SOCCER ASD in the terms set out above.

I agree  I don't agree

3) Promotional activities from Third parties

In relation to the processing of personal data for the purpose of communication to the CONI or to the subjects mentioned above for their own direct marketing initiatives / market research in the terms set out above.

I agree  I don't agree

I also declare that I have read and accept the conditions provided by the insurance of the CSI for its members available on the site [www.csivb.net](http://www.csivb.net)

Signature .....

**DATA OF THE PARENTS OR THE PERSON EXERCISING PARENTAL AUTHORITY**

NAME	NAME
SURNAME	SURNAME
CELL	CELL
EMAIL	EMAIL

Please attach the following mandatory documents:

- Photocopy of the medical certificate of good health (up to 12 years) or medical certificate of fitness non-competitive sports (over 12 years) valid during the camp.
- Photocopy of health card.



Consent to the processing of personal data (information pursuant to art. 13 D.Lgs. 196/2003)

Consent to the processing of data for registration purposes I agree

Consent to the processing of data for communications I agree

**AUTORIZATION EXITS**

The undersigned .....

I AUTHORIZE

I DON'T AUTHORIZE

the child to participate in outings in the area and trips organized by the Summer Camp.

Signature .....

The boys in their movements are committed to being accompanied by at least one of the instructors of the Camp SG SOCCER ASD in full compliance with the schedules given (available on the site [www.sgsoccer.it](http://www.sgsoccer.it)).

Place and date .....

Signature .....

**DATA OF THE PARENT MAKING THE TRANSFER:**

NAME .....

SURNAME .....

F.C. ....

