



## ANAGRAPHIC DATA AND INFORMATION ON THE ACTIVITIES

Name and Surname \_\_\_\_\_  
date of birth \_\_\_\_\_ place of birth \_\_\_\_\_ address: \_\_\_\_\_  
city \_\_\_\_\_ street \_\_\_\_\_ ZIP/Posta code \_\_\_\_\_  
phone. \_\_\_\_\_ email \_\_\_\_\_

### **Declare**

- to be able to swim and to be in good physical and psychophysical conditions;
- to have been previously informed by the guides (briefings) of the difficulties and risks to which I go to meet the proposed activities, to which I participate for my decision, acknowledging to have received the technical instructions and the rules of behavior to which I must comply before, during and after the activities;
- to have carefully read and understood every point of the present form before signing it.

I understand and fully agree with the aims of these established rules to live a new adventure in safety.

I declare to use the following medicine: \_\_\_\_\_

I declare I am allergic to: \_\_\_\_\_

**Place and Date**

**Signature**

\_\_\_\_\_

\_\_\_\_\_

(parent if minor)

**I consent to the processing of my personal data (including pictures taken during the activities) for institutional purposes (relating to the reference sports brands Firaft, FICK, UISP) and promotions in accordance to Legislative Decree n. 51/2018 (Code regarding the protection of personal data)**

**I would like to subscribe to the newsletter** YES \_\_\_\_ NO \_\_\_\_

**Place and Date**

**Signature**

\_\_\_\_\_

\_\_\_\_\_

(parent if minor)