



C O U R S E S A N D E V E N T S

REGISTRATION FORM

Surname _____ **Name** _____

Birth date and place _____

Fitness center (if is EFA affiliated) _____

Fiscal Code/ V.A.T. number _____

Address _____ **n.** _____

City _____ **Province** _____ **Country** _____

Telephone _____ **E-mail** _____

I am registering for **PERSONAL TRAINER COURSE**
 FUNCTIONAL TRAINING COURSE
 PILATES COURSE

City _____ **Country** _____ **Date** _____

I have paid EURO through bank transfer to the following account:
 Current account name: FEDERAZIONE ITALIANA FITNESS
 Bank coordinates-IBAN: IT 50 Z076 01 131 000000 11 234481 SWIFT BIC code: **BPPIITRRXXX**

Date _____ **Signature** _____

To register - **Fill out, sign and fax or send by mail (scanned) together with a copy of the payment to:**
 FIF (Federazione Italiana Fitness), Via Paolo Costa 2, 48121 Ravenna (RA), Italy - **Fax +39 0544 34752**
e-mail: info@efafitness.com

We invite you to read the present form granting consent, declaration of possession of medical certification, acknowledgement of the privacy law and consent to the use of pictures and image. This form must be sent by post together with the registration form. Please note that participation shall be subject to the signing of this document.

ART.1 – Consent of the entitled party The Organization declines every kind of responsibility, as much as any damage to people or objects which might occur during the event. The participant is exonerating the Organization from any and every pertinent responsibility, the signing of the present registration form being considered valid as formal consent within the terms.

ART.2 – Exemption from responsibility for participants belongings or valuables With express exclusion of the applicability of article 1783 and subsequent articles of the Italian Civil Code, the Organization will not answer for the loss, theft or deterioration of the personal belongings and valuables taken by participants into the Organization and the Organization premises.

ART. 3 – Declaration of possession of medical certification I also declare being in possession of medical certification stating my suitability for the performance of the aforementioned physical activity (certificate of healthy and sound constitution).

SIGNATURE | _____ | (for minors, signature of the legal guardian)

CONSENT TO THE PROCESSING OF PERSONAL DATA I consent to the processing of my personal data for the accomplishment of institutional aims, including the dissemination also by the press and television, of information related to the competition and its results. I also consent to the processing and publication, for institutional purposes only, of photographs and images that reveal my identity on the organisation's website, magazine and on special notice boards positioned in the premises occupied by the Association.

SIGNATURE | _____ | (for minors, signature of the legal guardian)

CONSENT TO THE PROCESSING OF SENSITIVE DATA Having received the information pursuant to article 13 of Legislative Decree no. 196/2003, I consent to the processing of my personal data, declaring that I know that these data could fall within the context of "sensitive" data pursuant to art. 4, subsection 1, letter d, as well as art. 26 of Legislative Decree 196/2003, which are the data able to reveal my state of health.

SIGNATURE | _____ | (for minors, signature of the legal guardian)

CONSENT TO THE PROCESSING OF PERSONAL DATA FOR MARKETING PURPOSES I also consent to the communication of the data and use of image for marketing and promotional purposes by a third with whom the organisation has contractual relations. The data will be use in the measure it's necessary to the fulfilment of the obligations provided by the law and the contracts.

SIGNATURE | _____ | (for minors, signature of the legal guardian)