



AFFILIATION APPLICATION

Esente da bollo in modo assoluto ex art. 7 Tabella allegato B del DPR 642/72

Polisportiva UnDueTre Sport Società Sportiva Dilettantistica a Responsabilità Limitata



(PARENT DETAILS) I, the undersigned, Surname _____ First Name _____
born in _____ on _____ and residing in _____
Parent Tax Code: _____ as parent of

(CHILD DETAILS) Surname _____ First Name _____
born in _____ on _____ and residing in (indicate only if different) _____
Child Tax Code _____

I request that my child be admitted as a member of the **Polisportiva UnDueTre Sport Società Sportiva Dilettantistica a Responsabilità Limitata**, committing myself to achieving the primary goals of the Society and adhering to the Bylaws and resolutions of the governing bodies. I declare under my own responsibility that I am authorized to proceed with this registration for my child and that I have read and understood the Articles of Association and any applicable Regulations, accepting them in full. I declare that I have received the information regarding the collection and use of personal data pursuant to Regulation (EU) 2016/679 and subsequent amendments, and I consent to their processing to the extent necessary to achieve the statutory purposes. Finally, I consent to the data relating to the registration being communicated to parties with whom the Sports Association collaborates, so that they may process them to the extent necessary to fulfill the obligations established by law and the statutory provisions.

Parent's signature _____

REGISTRATION FORM

Bimbi in Movimento Camp "CANADIAN School 2026"

1	2	3	4	5	6
22-26/06	29/06-3/07	6-10/07	13-17/07	20-24/07	27-31/07

[select the desired weeks]

Delegates to pick up the child: _____

Parent Contact Information	mobile number	Email
Parent Contact Information	mobile number	Email

Special notes: allergies, intolerances, certifications, other information (for example: cannot swim, etc..)

Medical certificate (select one of the two options)

- The parent ATTACHES a valid medical certificate for the child (mandatory from the age of 6) Expiry: _____
- The parent COMMITS to send the medical certificate by the start date of the Camp

How did you find out about the summer camp? _____ What school do you belong to? _____

Prices to the public

Attendance: **€270/week including meals**

Deposit: **€50.00 per week** (refundable only in the event of the Camp being closed due to force majeure)

Sibling discount: 5% for the first; 10% for the second; 20% for the third.

The parent, under penalty of invalidation of the registration and inability to access the summer center:

- **DECLARES** that the deposit has already been paid (€50.00 for each week of registration)

- **YOU UNDERTAKE** to deliver to the Camp Manager, on the first day of entry, a printed and signed copy of this registration form and, if not already sent, a copy of the medical certificate.

Privacy Consent

Informed of the methods and purposes of processing the personal data reported in this form and aware that without consent no service can be provided, pursuant to European Privacy Regulation no. 2016/67

- I agree I do not consent to the processing of personal data.
- I agree I do not consent to the publication of the photos on the website bimbinmovimento.it (non-profit) and on our collaborators' channels.

Place _____ Date _____

Parent's signature _____

Return the completed form to info@bimbinmovimento.it along with a copy of the parent's valid identity document.

Payment by bank transfer to: Polisportiva UnDueTre Sport società sportiva dilettantistica a responsabilità limitata

IBAN: IT44 0 03296 01601 000067137498 (Please include the child's name followed by the name of the camp in the reason for payment).

Attention: after IT44 the O is a letter, not a 0 number.