



**C.A.P. Asd**, Via Massena 16 20145 Milano, associazione sportiva dilettantistica associated with:

**A.C.S.I., ASSOCIAZIONE CENTRI SPORTIVI ITALIANI** Comitato Regionale Lombardia  
Via G. Govone 100 - 20155 Milan(IT) Tel. 02 36725350-51 – Fax 02 36725352 - [lombardia@acsi.it](mailto:lombardia@acsi.it)

**MEMBERSHIP FORM TO ACSI YEAR 2016 lic.n.** \_\_\_\_\_

NAME AND SURNAME, \_\_\_\_\_

BORN IN \_\_\_\_\_ DATE \_\_\_\_\_

LIVING IN \_\_\_\_\_ STATE. \_\_\_\_\_ P.O.BOX \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

WITH THIS MEMBERSHIP FORM I WILL BE A MEMBER OF THE C.A.P. asd AND ASSOCIATED WITH ACSI, FOR YEAR 2016 WITH INSURANCE COVERAGE.

I ATTACH TO THIS MEMBERSHIP FORM A VALID MEDICAL CERTIFICATE PROVING THAT I'M IN GOOD HEALTH STATUS.

I ACCEPT THE ANNUAL COST OF 35€ TO GAIN THE MEMBERSHIP WITH CAP asd AND THE ACSI ASSOCIATION. I WILL RECEIVE IN MY ADDRESS THE ACSI MEMBERSHIP CARD. WITH THE MEMBERSHIP CARD I CAN RACE ALL THE EVENTS ORGANIZED BY CAP ASD IN YEAR 2016.

I guarantee that all the informations above are true.

Date of application, \_\_\_\_\_ **Signature** \_\_\_\_\_

I declare to know the Italian Privacy Protection Law (Art. 10 comma 1 and 13, of the Law nr 675 , 31/12/1996) and I permit that all the personal data will be stored and used by CAPasd an ACSI. I declare to know the Rules and Regulations of the events organized by CAP asd to whom I will take part and the ACSI Sport Rules.

Date of application, \_\_\_\_\_ **Signature** \_\_\_\_\_