



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

MEMBERSHIP FORM TO ACSI YEAR 2017 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 2017 WITH THE SPECIFIC 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 2017.

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. I grant to CAP asd, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize CAP asd, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Cap asd and its Partners may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Date of application, _____ **Signature** _____