# ATHLETES ENTRUSTMENT FORM

**CONSENT FORM FOR THE REGISTRATION AND THE ENTRUSTMENT OF THE MINOR PARTICIPANT TO THE SAILING EVENT “** **”**

I the udersigned (name-surname)

Place of birth Date of birth Residence address

Country Postal code Cell. phone

ID card: Type Number Place and date of issue Exercising the parental authority of this form

# I autorize the registration

at the sailing event

that wil take place at

of the minor Surname Name

Date and place of birth The above-mentioned minor will be **entrusted** to the instructor

Surname Name

Place of birth Date of birth Residence address n, Postal code cell. phone ID card : Type Number

Place and date of issue of the Affiliated Company

Place and Date

Parent or custodian sign

**Autorization to treat personal data (*Privacy)***

The data you provide will be processed according to the methods and purposes specified in the paragraphs 2) and 3) **art. 13 del Regolamento UE n. 679/2016** published in the federal site.

The undersigned declares to have read and accepted the information in the privacy section..

Date Sign