



Federazione Italiana Rafting



## F.I.Raft Guide license recognition Entry test application form

Full name (in block letters).....

Place of Birth..... date .....

Address .....

Zip code.....City.....

Country of residence.....

Nationality .....

phone number..... Mob phone. ....

fax .....email .....

Guide License details.....

Issued by (State/Organisation).....

Date of issue.....Expiration date.....

I undersigned, I know that The F.I.Raft recognizes certifications delivered from National Federations or Associations belonging to the local Olympic Committee. Certifications delivered by other countries or Organizations which signed an agreement with the F.I.Raft are recognized too.

I enclose the following documents:

1. Copy of a valid personal identity document;
2. Copy of the rafting licence obtained in the foreign State;
3. Training plan of the course, if any, followed in order to obtain the qualification with indication of the hours of lesson and the subjects;
4. Copy of the First Aid certificate (BLS-D, WFR, or similar) (max two years);
5. Copy of the River rescue certificate valid or certificate of participation in a security course organized by F.I.Raft;
6. Curriculum vitae, relating to ONLY rafting activity;

7. Any work certificates as rafting guide;
8. Medical certificate of competence for competitive sport, issued in Italy, valid (one year);
9. Copy of the fiscal code, issued by the “Agenzia delle Entrate”, in Italy or by the Consulate or the Consular Registry;

(The last document will have to be presented to the Federal Secretariat within 8 days from the entry into the country, failing which the affiliation to F.I.Raft will be canceled and the license will not be recognized).

I undersigned, I know that for all the other cases is mandatory to provide the following documents and to attend a Federal training course/exam for Foreign Guides, that will take place in Italy starting from:

- 24<sup>th</sup> to 26<sup>th</sup> May, 2021;
- 1<sup>st</sup> to 3<sup>rd</sup> September 2021:

1. Copy of a valid personal identity document;
2. Guide license (if you hold one);
3. Copy of the First Aid certificate (BLS-D, WFR, or similar) (max two years);
4. Copy of the River rescue certificate valid or certificate of participation in a security course organized by F.I.Raft;
5. Curriculum vitae (rafting experience only);
6. Work certificates/references. References from previous employer/s. These declarations have to certify the amount of working hours/days in the river, the name of the river and its difficulty. They are to be signed and officially delivered by the owner/op. manager of the Company. Three working years as rafting guide are required;
7. Medical certificate of competence for competitive sport, issued in Italy, valid (one year);
8. Copy of the fiscal code, issued by the “Agenzia delle Entrate”, in Italy or by the Consulate or the Consular Registry.

(The last document will have to be presented to the Federal Secretariat within 8 days from the exam, failing which the affiliation to F.I.Raft will be canceled and the exam will not be deemed to have been passed).

Once recognized as F.I.Raft’s Guide, I will fully observe the rules of F.I.Raft Statute and Technical Rule.

Date .....

Signature .....

**ACCEPTANCE OF FEDERAL RULES**

Upon signing this form, the registrant requesting the membership, unconditionally accepts every rules of **F.I.Raft** Constitution and by-laws and undertakes to observe and comply with them in full. He/she also declares to observe and to comply in full the art. 51 included into the Federal Statute, as well as to CONI and to other international organizations regulations, with which F.I.Raft collaborates.

Date .....

Signature .....

## CONSENT FOR THE PROCESSING OF PERSONAL DATA

In relation to the information provided pursuant to art. 13 of the GDPR, read and understood the Data Protection Policy published on the F.I.Raft website (<http://www.federrafting.it/documenti/category/11-modulistica.html> ), it is noted that, by signing this form, the personal of the undersigned will be processed for the achievement of the purposes, referred to point 1a of the information, related to the management of membership.

Place \_\_\_\_\_ date \_\_\_\_\_

Name \_\_\_\_\_ Surname \_\_\_\_\_ (Legal representative)

\_\_\_\_\_  \_\_\_\_\_  
(Give the consent) (Not give the consent)

**Signature of the person exercising parental authority if minor.**

**Furthermore, consent is given to the communication of data for marketing and promotional purposes to third parties with whom F.I.Raft or CONI have contractual relations (point 2f of the information), and from these treaties to the extent necessary for the fulfillment of obligations under the law and contracts.**

Place \_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  
(Give the consent) (Not give the consent)

I, the undersigned, aware of the criminal and sport sanctions in case of false declaration, declares that engage in amateur sport activity and own an appropriate medical certification in accordance with the Italian Law and the Federal Rules where the sport activity and the not-competitive and amateur activity are distinguished.

Place \_\_\_\_\_ date \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  
(Give the consent) (Not give the consent)