



REGISTRATION/MEMBERSHIP APPLICATION YEAR 202...

I undersigned (the form shall be filled in capital letters)

Surname _____ Name _____

Place and Country of birth _____ Date of birth _____

Address _____ Postcode _____

Place and State of residence _____ Nationality _____

Tel. _____ E-mail _____

Document n. _____ Issued by _____ Expiry date _____

ASKS

- the accreditation of his/her second/third/fourth, fifth level - W.R.F professional certification (copy attached);
- To be registered into the Federal list of technicians for _____ level. He/She is aware of the obligation to attend the online training course and safety program and/or the exams to complete F.I.Raft training formation.

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

DOCUMENTS ATTACHED

- ID or passport copy
- W.R.F Guide National qualification certificate copy

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 _____

F.I.Raft - Federazione Italiana Rafting

Sede Legale: **Piazza San Paolo, 2 - 13900 Biella (BI)**

C.F./P.I. 00689760148 - codice univoco SU9YNJA

Sede Operativa: **Fraz. Neyran Dessus, 4 - 11020 Brissogne (AO)**

Tel. 0165 / 516414 E-mail: segreteria@federrafting.it - www.federrafting.it





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)

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