APPLICATION FORM 2024/2025

Name_____ Surname_____

born in_____ *(please indicate city and country)*

on _____ /_____ /_____ Tax code: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __
(if existing in your country)

mobile_____ *(please state international dialling code)*

e-mail_____

REQUESTS

to be admitted to the ASD CLOVER School of Irish Dances, as a **MEMBER** (**corresponding to the Italian locution TESSERATO**), for the school year 2024/2025, undertaking to respect the aims of the Association, as well as the Statute, the eventual Regulations and the resolutions of the social organs.

Photographic images and audio/video recordings within the activities of ASD CLOVER School of Irish Dances may be used through the official communication and promotional channels of the Association. ☐ I give consent ☐ I deny consent

Date_____ Signature_____
(for the minor, the exercising parental authority)

Pursuant to the current legislation on the protection of personal data ex D.Lgs.196 /2003 as amended by D.Lgs. 101/2018 laying down provisions for the adaptation of national legislation to Regulation (EU) 2016/679 on the protection of individuals with regard to the processing of personal data and on the free movement of such data (GDPR), we inform the applicant that the data controller is ASD CLOVER School of Irish Dances in the person of its legal representative; the personal data of the interested party, subject to secrecy as regulated by the aforementioned Code, will be processed by ASD CLOVER School of Irish Dances as well as by external parties connected to it, in fulfilment of the institutional aims of the Association, for administrative and institutional information purposes such as the sending by post or in electronic form of communications relating to the activities of ASD CLOVER School of Irish Dances and newsletters (as per the Privacy Policy document available on the website www.cloverdanzeirlandesi.it). The person concerned may at any time access his/her data, be informed of it, modify it, request its deletion, object to its processing or withdraw his/her previously given consent. The provision of data is optional, but their absence or incompleteness will cause the application to be invalid.

Signature for acceptance_____
(for the minor, the exercising parental authority)

For the minor

Name and Surname of person exercising parental authority_____

Tax code of the person exercising parental authority __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Type of document _____ n._____ issued on_____ by_____