

REGISTRATION FORM

SEASON 2024-2025

(to be sent at segreteria@veronascherma.it)

VeronaScherma SSD RL

Via Torricelli, 15/B

37135 Verona

PI: 04653470239

ELISA or SILVIA: +39 3515344990



Participant Name (athlete)

Last Name	_____	Name	_____
ID	_____	Gender	_____
Place of Birth	_____	Date	_____
City	_____	Address	_____
Country	_____	ZIP	_____
E-mail	_____	Cel.	_____

Ask to be **registered** with the Club for the **Season 2024-2025**:

Card Type	Fee	Note
<input checked="" type="checkbox"/> Foreigner	€. 0,00	Annual membership card for season 2024-2025

Ask to **join** the following **sporting activities**:

Activity	Fee	Note
<input type="checkbox"/> Winter Camp 2024	€. 300,00	Three days training
<input type="checkbox"/> Winter Camp 2024 - Daily	€. 220,00	Three days without hotel
<input type="checkbox"/> Winter Camp 2024 - 2 Days	€. 160,00	<input type="checkbox"/> Friday december 27 th 2024
<input type="checkbox"/> Winter Camp 2024 - 1 Day	€. 90,00	<input type="checkbox"/> Sabato december 28 th 2024
		<input type="checkbox"/> Sunday december 29 th 2024

Ask for **special meals**:

Specify	
The Athlete presents:	<input type="checkbox"/> Food Allergies: _____ <input type="checkbox"/> Food Intolerances: _____ <input type="checkbox"/> Celiac Disease: _____ <input type="checkbox"/> Other: _____
Possibility of serious reactions:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Therefore ask for a **DIET FREE OF THE FOLLOWING FOODS**:

Special diet:	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Other: _____
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Date

Signature

(In case of minor signature of a parent)

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THE DELIVERY OF THE MEDICAL CERTIFICATE FOR COMPETITIVE ACTIVITY IS MANDATORY AT THE TIME OF REGISTRATION

Information of the **parent** (in case of minors)

Last Name	_____	Name	_____
ID	_____	Gender	_____
Place of Birth	_____	Date	_____
City	_____	Address	_____
Country	_____	ZIP	_____
E-mail	_____	Cel.	_____

Payment Methods

		Note
Advanced Payment	€.100,00	Early bird by November the 8th (discount €.50,00) Registration deadline by November the 22nd or when places are full
Balance	€.200,00	by December the 13rd

The fee can be paid by **bank transfer** to VeronaScherma SSD

- IBAN: **IT63R0200811717000105724180** (UniCredit)
- Bank reason: *Athlete's Last Name and Name + Activity Name*

GENERAL CONDITIONS:

The request for membership to the company will be evaluated at the first available Board of Directors meeting: in the event of a negative response, any fee already paid will be refunded.

Registration with the company is strictly personal: each member accepts the company's regulations, approving them in all their parts, and undertaking to scrupulously comply with every rule or regulation issued by the Board of Directors.

All members must present the medical certificate of competitive fitness or, for those enrolled in the introductory course, the non-competitive medical certificate. **In the absence of an adequate medical certificate it will not be possible to participate in any activity.**

The membership fee and activity fees are due in full and are non-refundable for unused activities.

INFORMATION IN ACCORDANCE WITH THE PRIVACY LAW

Pursuant to EU Reg. 2016/679, we inform you that the aforementioned personal data provided by you, the confidentiality of which we guarantee in compliance with the aforementioned legislation, will be processed solely for: 1) activities strictly connected and instrumental to the achievement of institutional and purposes related to the obligations established by laws, regulations and community or sporting regulations. 2) promotional or informational activities, which also include the publication of photographic images on the company website and within the company's social networks. You have the right to know at any time what your data is and how it is used: you also have the right to have it updated, integrated or rectified as well as canceled at the end of the validity of the affiliation. To exercise your rights you can contact the company secretariat.

MANIFESTATION OF CONSENT TO THE PROCESSING OF PERSONAL DATA

Having taken note of the information above, the undersigned consents to the processing of my personal data and the planned communications.

With regard only to the images relating to the activities carried out within the course and in the competitions, I irrevocably and without limits grant to VeronaScherma SSD a RL, the use of my images for commercial, promotional and internal use purposes, declaring that I have no to claim for said use.

Date

Signature

(In case of minor signature of a parent)