



MODULO RICHIESTA TESSERAMENTO

F.A.S.I.  
Federazione Arrampicata Sportiva Italiana



ADULTI

**A.S.D. Teste di Pietra**

PLEASE FILL OUT IN BLOCK CAPITALS

I, the undersigned:

- **Surname:** .....
- **Name:** .....
- **Born in:** ..... **on:** ..... / ..... / .....
- **Resident in:** ..... **Prov.:** .....
- **Address (Via):** ..... **n°:** .....
- **Postcode (CAP):** .....
- **Tax Code (C.F.):** \_ \_ \_ \_ \_
- **Gender:**  M  F
- **E-mail (IMPORTANT – you will receive your membership card here):**  
.....
- **Tel.:** .....

**Medical Certificate:**

- Non-competitive medical certificate is mandatory.
- **Certificate expiry date:** ..... / ..... / .....

The undersigned requests membership in the association "A.S.D. Teste di Pietra" and furthermore **DECLARES:**

- **Privacy Consent:** To give consent to the use of personal data in accordance with Art. 13 of EU Regulation 2016/679 (GDPR) and Legislative Decree 196/2003 by the Association or third parties with whom "A.S.D. Teste di Pietra" is in contact for institutional purposes;
- **Gym Regulations:** To have read and to comply with the Internal Regulations for Gym Use and the Payment Regulations for Access to the "A.S.D. Teste di Pietra" gym, under penalty of revocation of membership;
- **Safety & Liability:** To be familiar with the safety maneuvers necessary for sport climbing and therefore exempts the "A.S.D. Teste di Pietra" association from any material or immaterial damage that the member may cause to themselves or others during sports activities (If a beginner or non-expert, I will only use the boulder structure);
- **Safeguarding:** To have read and committed to respecting the Organizational and Control Model of sports activities, as well as the Code of Conduct adopted by the Association for the prevention of abuse, violence, and discrimination (Safeguarding), available at the registered office or on the website;
- **Insurance Validity:** To be aware that F.A.S.I. insurance coverage is only active in the presence of a valid medical certificate;
- **Suspension of Activities:** To be aware that, upon expiry of the medical certificate, all activities (competitions, training, events) and insurance are suspended until a new updated certificate is submitted.

**Vivaro, date:** ..... / ..... / .....

**Signature:** .....