



## **SAILING SCHOOL 2023**

## **ADMISSION FORM**

to be sent by email address scuolavela@avll.it or via whatsapp on +39 389 6261480

<b>DETAILS</b> (in block letters)			
NAME	SURNAME		
STREET	ZIP CODE	TOW	N
BORN IN:	ON:	FISCAL C	ODE:
PARENT DETAILS			
NAME SURNAME			
eMAIL:	MOBILE	:	
TAX CODE (only if you want to dedu	ct course costs)		
ADDRESS (only if you want to deduc	t course costs)		
I intend to enroll my child in t	~		
□ 03-07 JULY	☐ 10-14 JULY	☐ 17-21 JULY	☐ 24-28 JULY
☐ 31 JULY-04 AUGUST	☐ 07-11 AUGUST	☐ 14-18 AUGUST	
Previous sailing experience?	VES 🗆 NO 🗆		
The parent or guardian declare		wim YES □	
Any allergies and/or problems		WIIII ILS 🗆	
Arry unergies and/or problems			
DOCUMENTATION TO BE ENC	LOSED AFTER CONFIRM	ATION OF REGISTRAT	TON BY THE SECRETARIAT
	fitness to practice sports		-
www.avll.it)			
<ul> <li>Copy of the payment (</li> </ul>	€120 the student's first v	week - €100 the follow	wing weeks)
<b>ALL DOCUMENTS MUST BE SE</b>	NT STRICTLY BY THE FRI	DAY BEFORE THE STA	ART OF THE COURSE
THEREFORE ON MONDAY IT V	VILL NO LONGER BE POS	SIBLE TO COMPLETE	THE ENROLLMENT
•	_	-	and return home independently,
declining the Associazione Vela	a Lago di Ledro from any	responsibility during	the journey.
DECLARATION OF CONSENT TO T	HE PROCESSING OF PERSO	NAI DATA – MINORS	
Information available on the w			s/2019/02/PRIVACY ndf
☐ I consent to the processing	The state of the s		
AUTHORIZATION EX L. N. 633/19			
		_	the purposes indicated in the
			orohibits its use in contexts that
	_		mages are to be considered free
of charge.			
Place and date		Legihle sign:	ature of the parent
			or the parent
<del></del>		<del></del>	