

THIS FORM MUST BE SENT TO MOTO CLUB NASTRO E FASCETTE at INFO@SPRINTRACE.IT properly filled attaching the HEALTH CERTIFICATE (B1) and the PAYMENT PROOF

It is possible to pay by bank transfer to: MOTO CLUB NASTRO E FASCETTE ASD ; IBAN IT98 D057 0438 8600 0000 0255 300 (causal MEMBERSHIP + COMPETITIVE LICENSE)

or via PayPal to the address commerciale@sprintrace.it (causal CARD + COMPETITIVE LICENSE)



ENTE DI PROMOZIONE
SPORTIVA
RICONOSCIUTO
DAL CONI

AICS NATIONAL MOTORCYCLING SECTOR - ROME

MEMBERSHIP REQUEST + AICS MOTORCYCLING LICENSE

The undersigned (surname name) _____

Mail: _____ Born in: _____ on

the ____ / ____ / ____ Phone: _____ Address: _____

city _____ post code _____ Country/Nationality _____

ID _____

Requests membership for the ASD MOTO CLUB NASTRO E FASCETTE.

Simultaneously with the membership fee indicated by the association I am requesting the issue of competitive AICS Motociclismo and related supplementary insurance coverage for participation in events and events organized under the auspices of Aics Motociclismo in the 2019 season. I provide to the Moto Club Nastro e Feascette a valid medical health certificate for competitive B1 type activity.

HEALTH CERTIFICATE EXPIRATION DATE _____

SPORTS DISCIPLINE MOSTLY PRACTICED : ACCELERATION

By signing this request, I declare that I have read and accepted the statutes of the association, the statutes of Aics, the sports regulations of Aics Motociclismo the conditions of the ALLIANZ insurance policy relating to accident coverage.

TODAY _____ IN _____ RIDER SIGN _____

AUTHORIZATION FOR THE PROCESSING OF PERSONAL DATA Art.13 of the GDPR 2016/697 / UE

Pursuant to Article 13 of the GDPR 2016/697 / EU - European Regulation concerning the protection of personal data and subsequent modifications or additions, the undersigned declares to have been informed and consents to his personal data acquired through this form are treated by the aforementioned association with the aid of electronic means for purposes concerning the execution of the obligations deriving from this request.

TODAY _____ IN _____ RIDER SIGN _____

To be filled by M.C. Nastro e Fascette

The undersigned CHRISTIAN AMADIO as president of the Sports Association MOTO CLUB NASTRO E FASCETTE declares that the certificate proving THE MEDICAL SPORTING AGONISTIC VISIT and the ASSENSE FOR MINORS (where necessary) to the practice of MOTORCYCLING are kept in the Association's archives.

Stamp of the association and Signature of the President
