

APPLICATION FORM FOR ICE SKATING COURSE

COURSE PARTICIPANT:

Name Last Name
Date of Birth Age
Health Insurance Provider
Residential Address

Contact Information of Parents / Legal Guardians:

Name Last Name
Mobile E-mail
Name Last Name
Mobile E-mail

Affidavit of Participant's Health Status

Health Condition of the Participant: **Suitable** for recreational sports activities.

Other Health Notices:

By signing below, I, as the participant / parent / legal guardian, hereby confirm that:

- a) I have provided complete and truthful information, including about the participant's health status.
- b) I have read and agree with the organization of the course and the course fees.
- c) I enroll / enroll my child in the ice skating course.
- d) I will pay the specified fee of €100 for 10 sessions by January 12, 2025

Payment details:

Account number KPP: SK49 0900 0000 0051 8385 2945, Please include the participant's name in the payment note and use variable symbol: 122024

By submitting this application for the Ice Skating Course KPP, the parent / legal guardian / participant confirms their agreement with the application, consent to the processing of personal data for the association's records, and agreement to the publication of photos and videos for use by KPP partners as well as for promoting the KRASO POPRAD club.

Final provisions

MANDATORY EQUIPMENT: HELMET (preferably skiing, hockey, or cycling helmet)

*Participants will complete the skating course: * with helmet without helmet

Participants who forget their helmet

*CAN participate in the training

CANNOT participate in the training

The association declares that:

The personal data of the affected persons will only be used for the above-mentioned purposes within its activities.

In case of uncertainties or requests to change the status of your personal data, contact the KPP responsible person.

The member / parent / legal guardian declares that they have read the organizational instructions and the application, understood their content, and declares that the application was not signed under duress or under disadvantageous conditions. By signing, they confirm their consent.

in Poprad, on

First Name and Last Name of the Member /
Parent / Legal Guardian

Ing. Ľuboš Lörinčík
Name and Last Name of KPP
Chairperson

Signature of Member / Parent /
Legal Guardian

Signature of KPP Chairperson