

Attachment to the application form for **MEMBERSHIP**

1 form for each child

	rning me and my f	mation for the processing, communication and amily members, within the limits indicated in the are of my rights under art. 7 of the aforementioned
Date: Signature: _		
INFORMED CONSENT FOR PARENTS/LE I, the undersigned (mother/guardian)	GAL GUARDIAN	born on _/_/
resident at		
via/piazza		Tel
domicile (if different from residence)_		
I, the undersigned (father/guardian)	A	born on//
resident at	O ×	
via/piazza	×	Tel
domicile (if different from residence) _		
of the child		_ born on// sex M F
resident at via/pi	azza	
	he processing and within the limits, f	communication of my son/daughter's personal data, or the purposes and for the duration specified in the
	//	
Full name of parent/legal guardian	Date	Signature
	//	
Full name of parent/legal guardian	Date	Signature