CUSB
CENTRO UNIVERSITARIO SPORTIVO BOLOGNA A.S.D.

UNIVERSITY SPORTS CENTER CUS BOLOGNA

APPLICATION FOR ADMISSION TO CUSI MEMBERSHIP

The undersigned (Surname and Name) _____

italian tax identification number _____ Date of birth _____

State of birth _____ Gender M ☐ F ☐

Address in Italy: (Street name) _____ no. _____

City _____ Province _____ Postal code _____

Telephone no._____

E-mail address (in capital letters) _____

(Aware that anyone who makes false declarations is punishable under the criminal code and the special laws on the subject, pursuant to and by effect of art. 76 DPR n. 445/2000)

REQUESTS

TO REGISTER WITH FEDERCUSI FOR AY 2022/2023 (9/1/2023 – 8/31/2024) THROUGH CUS BOLOGNA

DECLARES to be
(tick the corresponding box and then fill in)

☐ Student (or PhD student) enrolled in the _____ year at the school of (or master in) _____

of the University of Bologna Student ID no. _____ ☐ Foreign exchange project

☐ Employee / Collaborator / Researcher / University Researcher ID No. _____

☐ Child of UNIBO Employee (under 19) ☐ Junior (under 6) ☐ Student ☐ Other (art.2 CUSI statute)

UNDERTAKES

to exempt CUS BOLOGNA and CUSI from any responsibility for any damage deriving from indiscipline and non-compliance with the prescribed rules, the indications of the instructors and the custodial staff.

TAKES NOTE

that the Statute of CUSI is exposed to the social register of CUS BOLOGNA and is available to applicants at the General Secretariat of CUS BOLOGNA. He/She also DECLARES to know the statute of CUSI and to accept the rules contained therein.

HEREBY DECLARES

to have read the INSURANCE CLAUSES and to accept them. The insurance conditions are available to applicants at CUS membership points in Bologna and at CUS BOLOGNA branch offices.

IS INFORMED

• that the card is personal and once issued it cannot be refunded or canceled.

• that participation in sporting activities is bound to the validity of the health certification for competitive or non-competitive sporting activities. The membership holder is obliged to deliver an official copy of the renewal of the medical certificate to the secretariat to carry out or continue the activities, even if the membership fee has already been paid.

• that participation in sporting activities is subject to compliance with the specific regulation for the activity carried out.

also DECLARES

to have read the privacy policy available in all front offices as established by EU Regulation 2016/679 "European Regulation on the protection of personal data" and consent to the processing of personal data by CUS Bologna / CUSI (and their partner companies or affiliated subjects) in full compliance with the provisions of the information for the accomplishment of institutional purposes

■ I ACCEPT   ☐ I DO NOT ACCEPT

Authorizes CUS Bologna to send its Newsletter which contains information about sports, promotions and discounts for university and non-university students via e-mail to the address indicated above.

☐ I ACCEPT   ☐ I DO NOT ACCEPT

(Place)_____ , (Date)_____ Signature_____

(If the member is a minor, the signature must be of the parent or guardian)