



DEKLARACJA PRZYSTĄPIENIA DO TRENINGÓW

CONDUCTED BY WARSAW KENDO CLUB

Warsaw Kendo Club Association

NIP: 5242759665; REGON:14668175100000

e-mail: kontakt@kendo-warszawa.pl tel: +48 661 295 102

(please fill in the form with CAPITAL letters)

1. Name:		2. Surname:	
3. Date of birth:		4. Phone number:	
5. E-mail address:			
<i>(if the training participant is underage, please complete points 6, 7 and 8)</i>			
6. Name and surname of the parent or legal guardian:			
7. 1) As a parent or legal guardian of a minor named in point 1, I consent to the fact that the child: - participate in kendo training organized by the Warsaw Kendo Club Association and PZK (Polish Kendo Association), - receive necessary assistance or treatment following an injury or illness, and obtain help in putting on, removing or adjusting protective armor / clothing as necessary. 2) I declare that I have the current SPORT MEDICINE examination and the NNW policy for the kendo sport and I undertake to renew them on a current basis.			
8. Does the minor mentioned in points 1 and 2 have physical or health problems that could be an obstacle in performing strenuous exercise? If so, please provide details.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
.....			
9. Do you have physical or health problems that could prevent you from engaging in strenuous exercise? If so, please provide details.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
.....			
10. ICE (in case of emergency) contact			
Name		Surname:	
Phone number			
11. How did you find out about the trainings conducted by the Warsaw Kendo Club?			
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12. I declare that I am familiar with the "KENDO CLASSES REGULATION IN WARSAW KENDO CLUB" and "Membership Regulations" and I undertake to comply with them. I undertake to pay fees regularly - in order to participate in classes conducted by the Warsaw Kendo Club Association. I declare that in the absence of athlete's insurance, I exercise at my own risk.			
13. I consent to the processing of my personal data, including those related to health, by the Warsaw Kendo Club Association for purposes related to running sports activities. At the same time, I consent to the recording, use and dissemination of my image for advertising, promotional and information purposes. I am aware that providing data is voluntary. I have been informed about issues relating to my personal data (information later in this document).			
14. I declare that I have the current SPORT MEDICINE examination and the NNW policy for the kendo sport and I undertake to renew them on a current basis.			

.....
(date and signature of the participant or parent/legal guardian of the participant)



INFORMATION FROM THE DATA ADMINISTRATOR

Warsaw Kendo Club Association
NIP: 5242759665; REGON:14668175100000
e-mail: kontakt@kendo-warszawa.pl tel: +48 661 295 102

INFORMATION FOR THE PARTICIPANT

Pursuant to Art. 13 sec. 1 and 2 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46 / EC (general regulation on data protection) (Journal of Laws L 119 of 4.5.2016, hereinafter: "Regulation" :) I inform that:

1. The administrator of your personal data is the Warsaw Kendo Club Association with its registered office in Warsaw, ul. Wylotowa 20c, 04-659 Warsaw, NIP: 5242759665, REGON: 14668175100000. Contact details: Krzysztof Bosak, e-mail: kontakt@kendo-warszawa.pl

2. Your personal data will be processed for purposes related to participation in classes organized by the Association, pursuant to art. 6 sec. 1 lit. b of the Regulation.

3. The recipients of your personal data will be those entities to which we are obliged to provide data under applicable law, as well as entities providing accounting, postal or legal services to the administrator.

4. Your personal data will not be transferred to a third country / international organization.

5. Your personal data will be kept for the entire duration of the contract, and later, i.e. until the expiry of the limitation period for any claims arising from the contract and in connection with the implementation of the archiving obligation resulting from the relevant legal provisions.

6. You have the right to access your data and the right to rectify, delete, limit processing, the right to transfer data, the right to object, the right to withdraw consent to their processing at any time without affecting the lawfulness of the processing which was carried out on the basis of consent expressed before its withdrawal.

7. You have the right to lodge a complaint with the President of the Personal Data Protection Office, if you feel that the processing of your personal data violates the provisions of the Regulation.

8. Providing your personal data by you is voluntary, but necessary for the purposes related to the establishment and course of cooperation.

.....
(date and signature)