

# **APPLICATION FORM**

FILL IN AND SING THE TWO PAGES

CIUDAD DEPORTIVA BARRANCO SECO / from 3 to 14 july (only FEDERATED players born in 2008, 2009 y 2010)

lame:			Age:	years old
	Place/Location:		/	/
	/			
-mail:	written in uppercase. All notifications	Insurance number:		
ny information we ne	eed to know: (medical, family, etc):			
IMPORTANT				
DATA FOR C	cms.			
DATA FOR C	cms.			

Fee: **580,00 €** 

Concept: FOOTBALL STAGE UDLP +
(Student Name and Surname)

BANK TRANSFER TO CAIXABANK

BANK ACCOUNT NUMBER ES42 2100 4531 8513 0033 0556

The only method of payment allowed is by deposit into account or bank transfer. The receipt must reflect the NAME AND SURNAME of the student.

Signature of the father, mother or tutor:

The Application Form (2 pages) must be accompanied by the Income receipt in the name of the participating child, a photocopy of the child's Social Security card.





#### INFORMATION CLAUSE FOR PARENTS OF STUDENTS

# THIS DOCUMENT MUST BE SIGNED (WITH YOUR DETAILS) TO THE CORRECT REGISTRATION OF THE STUDENT TO THE UDLP STAGE

## Information in compliance with personal data protection regulations.-

Information in compliance with personal data protection regulations.-

The personal data of your son, daughter or minor in your care will be used for our relationship and to be able to provide you with our services. Said data is necessary to be able to interact with you and your son, daughter or minor in your care, which allows us to use your personal information within the law. Likewise, they can also be used for other activities, such as sending you advertising or promoting our activities, in which case we will ask you for the corresponding consents.

Only the personnel of our entity that is duly authorized may have knowledge of the information that we request. Likewise, those entities that need to have access to it may have knowledge of the information of your son, daughter or minor in your care so that we can provide you with our services. Likewise, those public or private entities to which we are obliged to provide your personal data due to compliance with any law will be aware of your

In this sense, we inform you that the data of your son, daughter or minor in your care may be transferred to different provincial or regional federations, in addition to the federation that regulates the practice of this sport at a national level, all with the purpose of registering you in the different competitions and sports activities that they organize.

In the same way, the information of your son, daughter or minor in your personal charge may be communicated to the corresponding insurance company in order to process the corresponding insurance.

The transfer of the information of your son, daughter or minor to your personal charge outside the European Economic Area is not foreseen.

We will keep your data during our relationship and as long as we are required by law. Once the applicable legal deadlines have expired, we will proceed to eliminate them safely.

At any time you can contact us to find out what information we have about your son, daughter or minor in your care, rectify it if it is incorrect and delete it once our relationship has ended, in the event that this is legally possible. You also have the right to request the transfer of your information to another entity (portability). To request any of these rights, you must make a written request to our address, along with a photocopy of your ID, in order to identify you:

CANARIAS ALISIÓS PROMS, S.L.

C/ GERMÁN DÉVORA CEBALLOS, S/N, C.P. 35019, LAS PALMAS DE GRAN CANARIA (Las Palmas)

In case you understand that your rights have been neglected by our entity, you can file a claim with the Spanish Agency for Data Protection (www. agpd.es).

With the registration to STAGE UDLP, the signatory:

- You consent to the use of data related to the health of your child or minor in your care in order to receive the available health services.
- consent to the recording and taking of the image of your child or minor in your care during their participation in the activity for publication in official club media (UD Las Palmas SAD and Fundación Canaria UDLP), in order to disseminate the activities of the entity. You may withdraw this consent at any time. If in the future you withdraw this consent, the treatment carried out up to then will continue to be considered lawful, since until then there will have been permission on your part that has allowed us to act in this regard.
- consent to the use of your personal data to receive notifications inherent to this and other activities of the entity. You can withdraw this consent at any time

# THERE IS AN EXTENDED VERSION OF THIS INFORMATION AVAILABLE AT OUR OFFICES.

### **Additional clauses**

- In the event of a sports injury suffered during the STAGE UDLP activity, I will inform the staff of the same and I will go to the health centers that the UDLP School indicates to me. In case of going to another health center not indicated by said personnel or not included in the insurance of the activity, the expenses associated with said medical assistance or derived from said injury will be borne by the relatives of the minor.
- Th STA

undersigned authorizes the minor registered in the activity to make the exit(s) that may arise, within the programming and schedules of the EUDLP, outside its headquarters.
Signature of the responsible adult (mother, father or tutor):
Name and surname (adult):
ID number: