

CENTRO DE ALTO RENDIMENTO DE SURF DA NAZARÉ

Assignment Form - Gym of the High Performance Surfing Center of Nazaré

**1 - ATHLETE / TEAM IDENTIFICATION**

Athlete / Team Name	Birthdate	Mobile Phone Number
Address	ZIP Code	Locality
Email	Identification Document Type - Nº	Tax Identification Number

2 - PERSONAL ACCIDENT INSURANCE HOLDER (mark with a cross)

No	Yes	Insurance Policy Nº
----	-----	---------------------

3 - TYPE OF ASSIGNMENT (mark with a cross only one blank space)

OPTION	CATEGORY	CRITERIA
	Resident	Athlete / Team residing in the Carsurf accommodation.
	International Athlete	Athlete / Team with request from the respective federation.
	High Competition Athlete	Athlete / Team with proof of high competition status (made official by the competent authority in their country).
	Winning Athlete WSL BWA	Athlete awarded at the WSL BIG WAVE AWARDS, in Nazaré.
	CDAN Athlete	Federated Athlete (to compete) of the Alternative Sports Club of Nazaré (Entity that is part of the Local Management Committee of CARSURF)
	Other	Athlete / Team that does not fit in any of the above mentioned parameters.

REMARKS (If you check the category "Others" in point 3, justify the need to use the sport facility)

--

4 - INFORMATION (mark with a cross mandatory information)

- Law no. 5/2007 of 16 January, which approves the Basic Law on Physical Activity and Sport, refers in no. 2 of its article 40, in the context of non-federated Physical and Sports Activities, that it is a special obligation of the practitioner to ensure in advance that he does not have any contraindications for its practice". Thus, it is no longer mandatory to present a medical examination for sports practice, but there is only the special obligation of the practitioner to ensure that he does not have any contraindications for the sports practice he intends to develop. In accordance with the above, I declare that I am aware of and have taken note of the legislation in force.
- I accept to receive communication about the operation, change of opening hours of facilities and activities.
- I accept to receive information by email.
- I received all the information about Personal Accident Insurance.
- I became aware of the Specific Regulation of the Gym of the High Performance Surfing Center of Nazaré, committing myself to comply with it in full.
- I declare under the General Data Protection Regulation that I give my free, specific and informed consent to the collection and processing of the personal data collected above, solely for the purposes of requesting the transfer of the sports facility and that while holder of the personal data, I am aware that at any time I may withdraw the consent now provided, without compromising the lawfulness of the processing based on it. Upon request, the personal data collected may be rectified at any time.

THE APPLICANT (Athlete or representative)

Entrada	Despacho	Validade
Registo:		
Data:	Data	
Colaborador:		

A Direção Técnica