



**Amateur Sports Association (A.S.A.)  
International Kiteschool  
Request for membership**

Undersigned

First name \_\_\_\_\_ Last name \_\_\_\_\_

Born at \_\_\_\_\_ date \_\_\_\_\_

Residence in \_\_\_\_\_ postal code \_\_\_\_\_ address \_\_\_\_\_ n° \_\_\_\_\_

E-mail \_\_\_\_\_ TaxIdNumber \_\_\_\_\_ Instructor \_\_\_\_\_ YES/NO \_\_\_\_\_

Phone number \_\_\_\_\_

*reserved space for association*

membership card n° \_\_\_\_\_ level \_\_\_\_\_ evaluated by \_\_\_\_\_

**declares**

to know and accept the articles, regulations and decisions of the Amateur Sports Association **Le Vie del Vento** and is asking for its registration.

Declares likewise and on it's personal behalf to be in good physical condition and without any actual or earlier disease which advices against practising sportive activities and releases the association of any responsibility for damage (injuries, death) caused to third persons or themselves as a result of visiting the association and during practising kitesurfing, with it's foreseen and unforeseen risks (included eventual obstacles in the sea). As also practising independent without particular assistance during the start/arrival in the specific area and during the kitesurfing at sea and accepts that this exemption is also valid in relation to the members of the board of directors of the Association, as they are juridical independent regarding the Association and therefore separately responsible.

The undersigned of this document authorises the use of the area and practising kitesurfing regarding the conditions provided by the Regulations of the Association.

Lack of respect of the above mentioned, results in to be immediate turned away from the Association.

This considering, the applicant, informed about the obligation to present a medical certificate and in full possession of one's faculties and its own and exclusive responsibility:

- Declares, to be conscious of the existing risks for it's personal health in case of the lack of the described medical visit, that it's own intention to visit the Association and practise kitesurfing at A.S.A. **Le Vie del Vento** also in case of absence of the medical certificate;

- Declares to release the Association of any responsibility to themselves and/or by themselves for damage to persons and/or possessions which the applicant may experience during the presence at the Association and practising kitesurfing caused by the health conditions;

- He/she will do one's best to deliver, within the next visit at the Association, the medical certificate for it's appropriateness to physical activities (certificate of good health);

- To know and accept this present deliberation in relation to the members of the board of directors of the Association, as they are juridical independent with regard to the Association and therefore separately responsible.

Signature

**On the basis and the purposes of the sections 1341 e 1342 C.C., the applicant claims to have read, understood and accepted the conditions of exemption of any liability in relation to practising the sports activity cc.dd. dangerous as the kitesurfing.**

Signature

Consent for processing my personal data by legislative degree n° 196/2003.

Received the information of art. 13 of the privacy code and noted the rights in art. 7 and following, I consent using my personal data by the A.S.A. **Le Vie del Vento** for it's institutional purposes, connected or instrumental, with permission for their communication to third parties.

Marsala,

Signature

P.s.: The membership depends on the approval of the board of directors.

Enclose the receipt of payment, Statute and regulation, identity card and tax ID number of the applicant.

**Le Vie del Vento A.S.D. – Associazione Sportiva Dilettantistica – International Kiteschool - e-mail: [leviedelvento@gmail.com](mailto:leviedelvento@gmail.com) – Phone number: 0039 3294474888 – web: [www.leviedelvento.it](http://www.leviedelvento.it) - Facebook: [www.facebook.com/leviedelvento.it](http://www.facebook.com/leviedelvento.it)**

# Registration form lessons

Undersigned

First name \_\_\_\_\_ Last name \_\_\_\_\_

Born at \_\_\_\_\_ date \_\_\_\_\_

Residence in \_\_\_\_\_ postal code \_\_\_\_\_ address \_\_\_\_\_ n° \_\_\_\_\_

E-mail \_\_\_\_\_ TaxIdNumber \_\_\_\_\_ Instructor \_\_\_\_\_ YES/NO \_\_\_\_\_

Phone number \_\_\_\_\_

*reserved space for association*

membership card n° \_\_\_\_\_ level \_\_\_\_\_ evaluated by \_\_\_\_\_

Lessons:

**Kitesurf**

**Windsurf**

**Registration**

- Physically healthy and in condition to practise water sports;
- Be able to swim;
- Having the skills to participate to advanced lessons;
- Accept the general conditions of registration.

## Medical information

Allergic: YES - NO

Medication: YES - NO (in case of YES which medication)

## Earlier experience

YES - NO

School:

Finished courses:

## How did you got to know us?

E-mail - Internet - Editorial - Friend - Instructor - Otherwise

## General conditions

Security is the most important condition in the water as on the land. Everybody needs to follow the rules and instructions by the instructors.

By the inviolable judgement of the instructor a student can be put into a class of a lower level in case the technical capacity is not sufficient for the participating course

The association has the right, without any refund, to remove the student from the course in case of the lack of security and anyway in case it's behaviour obstructs the progress of the lessons.

In case of cancelling a course till two days before starting, the Association will pay back 50% of the paid amount. If the communication is done after this deadline there will not be any type of refund.

In case of lack of wind or conditions which make water activity impossible, the programmed activities will be rescheduled.

By the end of the course the student will receive a certificate with the achieved level.

Marsala,

Signature

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### Exempt from using pictures

Hereby I give permission to Le Vie del Vento A.S.A. to use my pictures for publishing activities of the school in any possible way, included internet, books and other ways of publication not mentioned. The pictures and use of it are to be considered for free.

Marsala,

Signature

### Consent for processing my personal data by legislative degree n° 196/2003.

Received the information of art. 13 of the privacy code and noted the rights in art. 7 and following, I consent using my personal data by the A.S.A. Le Vie del Vento for it's institutional purposes, connected or instrumental, with permission for their communication to third parties.

Marsala,

Signature

P.s.: enclose technical form and receipt of payment.