

# Registration Card 2016

## PERSONAL DETAILS

father  mother  guardian

Name and Surname: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
City: \_\_\_\_\_ Country: \_\_\_\_\_ N.I.C.: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobil Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

## PARTICIPANT'S PERSONAL DETAILS

boy  girl

Name and Surname: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
N.I.C.: \_\_\_\_\_ National Health Service Number or private doctor: \_\_\_\_\_  
Allergic: Yes  No  To? \_\_\_\_\_  
A medical certificate must be enclosed if the pupil suffers any illness: \_\_\_\_\_  
Affiliated: Yes  No  Name of Team: \_\_\_\_\_  
Position in the pitch: \_\_\_\_\_

Remarks:

I authorize my child's participation in the RFEF 2016 football campus, as well as the necessary travels for leisure activities, and I declare that he/she does not suffer any illness or physical disability that prevents him/her in its normal development, and I specifically refuse to demand any responsibilities for eventual injuries that may result as a consequence of the normal practice of the campus activities.

The actual authorization includes medical and surgical decisions, in case of extreme emergency when no previous consultation is possible and must be taken under the proper doctor's orders.

So that this may be officially recorded at all effects, I sign on \_\_\_\_\_ 2016

\* If the participant is over 14, his/her signature

Parent or guardian's signature\*

All the participants of the Skills Campus have to send a Digital Photo Card.

## METHOD OF PAYMENT

20% at booking the enrolment and 80% before 31/05/2016 after this date 100%.

**Holder:** REAL SL  
**Item:** Name of participant - Type of camp selected - Dates selected.  
e.g.: Michael Waters - Soccer Skills Residential + Spanish - 26th June- 9th July  
**Financial Institution:** ING BANK NV Sucursal en España  
**Address:** Severo Ochoa, 2, 28232, Las Rozas Madrid  
**IBAN:** ES63 1465 0100 9219 0040 9558  
**SWIFT/BIC:** INGDESM

Once the deposit has been made, send the receipt and enrollment card  
or e-mail to: [madrid@real-sl.com](mailto:madrid@real-sl.com) or [mmiguel.real@gmail.com](mailto:mmiguel.real@gmail.com)

### For further information contact by e-mail or call/text

+34629708208 (English, Spanish)

+79150005717 (Russian)

## PERSONAL DETAIL'S PROCESSING

According to the Ley Orgánica 15/1999, 13 december of Protection of personal data, you or your legal representative are informed and give your explicit and unmistakable consent to adding your data in the personal file in the RFEF Foundation and to they treatment in order to manage your participation in the different events organized, administration, payments, clubs, sports associations, insurances, opinion enquires, as well as the brade communication or even by electronic means of the different events organized.

The RFEF Foundation is responsible for those files its address: Ramón y Cajal s/n 28230 Las Rozas (Madrid). You also consent the use of your image or voice, and reproduction and further publication in different media TV, radio, internet, promotion videos of our Foundation and other promotional channels such as magazines, booklets, commercials and poster.

On the other hand if it were necessary and thanks to this document you specifically allow your personal data processing about your health in order to negotiate your participation in different events, organized by us, as well as the possibility of the RFEF FOUNDATION to lend them whenever needed to allow your access to sports, facilities, residence and insurance companies for insurance management.

You will be able to use your rights to access, rectify, cancel, object in the RFEF FOUNDATION through any of the Foundation's communication channels either personally in our office, or writing to the files responsible.