

Request for information on access to sports diving activity

(to be completed by the adult diver or, if minor, by the parents/guardians)

Signing Person

Name:	Surname:
Day of birth:	Place of birth:
City of residence:	Street:
Actual domicile:	Street:
Identified through:	Doc ID.
Issued by:	Issue Date:

Aware of the sanctions by law referred to in Articles 75 and 76 of Presidential Decree 445/2000 for cases of false information or the use of untrue data, as well as the health emergency situation due to COVID-19 with the resulting health obligations and recommendations regarding the mandatory use of personal protective equipment in the movement and respect of the distancing requirement

I declare, under my own responsibility:

- not subject to the health measures for COVID-19 and/or the house quarantine obligation for the above-mentioned health emergencies
- that I had no contact with people who tested positive for the COVID-19 smear/test in the last 14 days
- that during the transfer to the diving centre I took all necessary precautions imposed by the Istituto Superiore di Sanita (ISS) on citizens in order to prevent the spread of the virus (social distancing, use of masks, disinfectant gels, gloves, etc.).
- that I do not currently feel any symptoms such as fever, cough, difficulty breathing, general health problems and/or symptoms of a flu-like condition
- that I am equipped with the personal protective equipment required for the entire stay and the planned activities in sufficient quantities until the day
- If, on my return to my place of residence and/or residence and in the following 14 days, I notice symptoms of contagion and receive a test result certified positively by the health facilities for COVID-19, I hereby undertake to inform the diving centre immediately by e-mail to the address info@argentarioscubapoint.it in order to enable the containment of possible contagion and the timely conduct of health checks.

In addition, I declare that I have received information about the European Data Protection Regulation or GDPR 2016/679 - (EU) and to give my consent that my data can be processed and passed on to third parties in order to comply with legal obligations. I, the undersigned, enclose a photocopy of my valid ID.

* This document must not be signed at your arrival at the diving centre.

Date and Signature Participant

Date and Signature Parents/
Legal Guardians