

**Registration form execution diving activity**  
(by the adult diver or, if minor, by his parents/guardians of the to be filled in)

Name:	Dive Brevet:
Surname:	Education:
Birthday:	Number of Dives:
Place of birth:	Date last dive:
CF:	
City	
Street	Phone:
ZIP:	E-mail:

Signing Person

CONFIRM

under his own responsibility and fully aware of the consequences by law in the event of false statements, that he has carefully read the anti-contagion procedure for recreational diving (Section 1 - document actual procedure) and the Diving Center Regulations (Section 2 - document actual procedure) prior to acceptance and signing and clearly understood the meaning of each item.

For the purposes of Articles 1341 and 1342 c.c. (Ital. BGB) expressly declares that he understands, agree and accepts all points and purposes of these regulations, which have been established for his own safety and that of all participants in the dive, and therefore asks that the diving activities of The Argentario Scuba Point be to participate.

**Date and Signing Participant** \_\_\_\_\_

**Date and Signing Parents /  
Legal Guardian** \_\_\_\_\_

**Zustimmung zur Behandlung personenbezogener Daten**

Ich erkläre, dass ich die Datenschutzbestimmungen gelesen habe und mit der Verarbeitung meiner persönlichen Daten zum Zwecke der Erbringung der Dienstleistung und zur Erfüllung der vertraglichen und gesetzlichen Verpflichtungen einverstanden bin.

**Date and Signing Participant** \_\_\_\_\_

**Date and Signing Parents /  
Legal Guardian** \_\_\_\_\_

I agree      I agree to the processing of my personal data for the sending of information advertising material via SMS, Whatsapp and/or e-mail as well as newsletters by Argentario Scuba Point in connection with its own initiatives.

**Date and Signing Participant** \_\_\_\_\_

**Date and Signing Parents /  
Legal Guardian** \_\_\_\_\_