



International Taekwon-Do Federation-Belgium vzw

APPLICATION FORM TO BE MEMBER OF THE FEDERATION & MEDICAL CERTIFICATE

<i>Photo</i>	<i>Sticker social security</i>
1. Applicant's details: Surname & name: Address: Postal code & city: Telephone: E-mail:	Gender: Male/Female Date of birth: City and country: Nationality:
2. Contact person in case of accident or parent/holder of parental responsibility in case of minors: Surname & name: Telephone: E-mail:	3. Medical Certificate: This person is able to practice Taekwon-Do: - Recreational: Yes/No - Competition: Yes/No Remarks (if any) :
Applicant's signature (or parent/holder of parental responsibility in case of minors)	Date, signature, and doctor's stamp

Your above-mentioned personal data will be processed by the Federation*, as controller, for the purpose of the management of your affiliation with the Federation including your subscription/renewal of the sport insurance. We will not use your data for any other purpose. We will process your data based on your consent, and we will only share or transfer it to: FROS Multisport Vlaanderen vzw (Boomgaardstraat 22, PB 35, 2600 Berchem) and the sport insurance company contracted by FROS. We will not transfer your data to any third parties for commercial purposes. We will store your data for the duration needed for the management of your affiliation. If you do not renew your affiliation your data will be deleted after five years.

Do you agree to the above-mentioned processing of your data? I agree

Please note you can withdraw your consent at any time. If you wish to do so, or if you have questions about our processing please send an e-mail to: taekwondo1@telenet.be or a letter to ITF-Vlaanderen vzw, Hillarestraat 236, 9160 Lokeren.

*Federation': ITF- Belgium vzw, registered address at Hillarestraat 236, 9160 Lokeren