



## Registration to HPZ KARATE

Name.....Surname.....

Birthdate.....Birth number.....

Address.....

Contacting phone .....

E – Mail: .....

I acknowledge the processing of my personal data as a practitioner or member by HPZ karate, Golfova 8, Praha 10, 102 00, IČO: 06123252, as data controller (hereinafter referred to as “HPZ”).

I agree with their subsequent processing for HPZ, ie offering products and services, including sending information on organized events, products and other activities, as well as sending commercial communications by electronic means pursuant to Act No. 480/2004 Coll. Furthermore, I agree that HPZ is authorized to provide such personal data to the central register of the relevant sports authorities. This authorization results from technical and organizational reasons (registration of the membership base, identification of the athlete during competitions, etc.). I give my consent for the period of membership in HPZ karate and a year after its eventual termination.

I also acknowledge that I am acquainted with my rights under Sections 11 and 21 of Act No. 101/2000 Coll., ie in particular that the provision of data is voluntary, I can withdraw my consent at any time free of charge in writing at the administrator's address and if necessary, I may contact the controller or the DPA directly in accordance with the above law.

I agree that my son and / or daughter attend the HPZ karate sports club and participate in karate and self-defense training as well as any voluntary competitions. At the same time, I declare that his / her state of health allows and does not restrict this training.

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Date and signature of legal representative