



# REGISTRATION CARD 2018



## 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: \_\_\_\_\_  
Brith Date: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Size: \_\_\_\_\_ Weight: \_\_\_\_\_  
N.I.C.: \_\_\_\_\_ National Health Service Number or private doctor: \_\_\_\_\_  
Allergic:  Yes  No To? \_\_\_\_\_  
A medical certificate must be endosed 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 \_\_\_\_\_ de 2018

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

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

Parent or guardian's signature\*

## 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 unmis-takeable consent to adding your data in the personal file in the RFEF 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 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 through any of the Foundation's communication channels either personally in our office, or writing to the files responsible.

## MODALIDADES Y FECHAS

**General Football  
Non-Residential**  
(10h - 14h)

- 02<sup>nd</sup> - 06<sup>th</sup> July
- 09<sup>th</sup> - 13<sup>th</sup> July

**Football Skills Residential**

- 01<sup>st</sup> - 07<sup>th</sup> July
- 08<sup>th</sup> - 14<sup>th</sup> July
- 01<sup>st</sup> - 14<sup>th</sup> July
- 15<sup>th</sup> - 28<sup>th</sup> July

**Football Skills Non-Residential**  
(10h - 19h)

- 02<sup>nd</sup> - 06<sup>th</sup> July
- 09<sup>th</sup> - 13<sup>th</sup> July
- 02<sup>th</sup> - 13<sup>th</sup> July
- 16<sup>th</sup> - 27<sup>th</sup> July

## SPECIAL DISCOUNTS

Discounts are not cumulative.

10% discount for pupils belonging to the schools RFEF

10% discount for large families

5% discount from the total price if more than one shift is chosen

## SERVICIOS

- Picking up service at airports, railway and bus station in Madrid 110€.
- Nurse school from 09:00 h. a 10:00 h. for 5 days 15€, for 10 days 25€.

## METHOD OF PAYMENT

40% at booking the enrollment and 60% before 31/05/2015 after this date 100%..

Holder: FUNDACIÓN REAL FEDERACION ESPAÑOLA DE FUTBOL

Item: Name of participant, modality and turn

Financial Institution: CAIXABANK, S.A.

Nº C. C.: 2100 - 0600 - 86 - 0202424117

Address: PASEO DE LA CASTELLANA, 51 MADRID

IBAN: ES79 - 2100 - 0600 - 8602 - 0242 - 4117

SWIFT/BIC: CAIXESBB

Once the deposit has been made, send the receipt and enrollment card or e-mail to [campus@rfef.es](mailto:campus@rfef.es)

For further information call 91 495 98 51