

DATA CONSENT FORM

I have read and agree to comply with the ASA Privacy Notice. I understand that the ASA may collect, use, process, transfer, and disclose Personal Data about me as described in the Notice. I also understand that under applicable law, some Personal Data may be collected, used, transferred or disclosed without my consent and that the ASA reserves the right to undertake that activity when appropriate, and that such Personal Data might be transferred to other entities both within and outside the EU, even without my consent, as permitted by law.

By signing below, I consent to the collection, use, processing, transfer and disclosure of my Personal Data as described in the ASA Privacy Notice, as may be updated from time to time.

Athlete's Name in Full

Signature

Parent/Guardian's Name in Full
(athletes under 18 years of age)

Signature

Date of Birth of Athlete

Club

Date

Aquatic Sports Association of Malta
Sport Association