# SKI SCHOOL 2019 APPLICATION FORM

Binding application form for free of charge Ski School 2019 event (hereinafter only as “event“), organized by Nadácia Kia Motors Slovakia, seated at Sv. Jána Nepomuckého 1282/1, 013 01 Teplička nad Váhom, ID No 42 349 826 (Kia Motors Slovakia Foundation, hereinafter only as “Foundation”), for basic schools pupils of the age from **6 to 11 years** in Žilina region, in the ski resorts Vrátna Free Time Zone and Snowland Valčianska valley during 4th-8th March 2019.

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| --- | --- |
| Child`s Representative | |
| Name and Surname\* |  |
| Address\* |  |
| Phone Number (mobile)\* |  |
| E-mail\* |  |
| Child – event participant | |
| Name and Surname\* |  |
| Date of birth\* |  |
| Age of child during the event\* |  |
| Ski resort (select just one) | |
| 🞎 Vrátna Free Time zone 🞎 Snowland Valčianska dolina | |

\*You must complete all fields marked.

The supplier Fatra Ski, s. r. o., seated at: M.R. Štefánika 25, 036 01 Martin , ID No: 36389170 (hereinafter only as “Supplier”), is responsible for organization and realization of the Ski School 2019.

Child`s Representative hereby declares that was informed about:

1. fact that Child`s Representative`s personal data, as well as Child`s data, shall be processed to the extent of data provided within the identification of the Child`s Representative and the Child in this document for the purposes of the event organization and to maintain documentation lists of event`s participants, where Child`s Representative has been informed about the fact, that these personal data shall be provided in accordance with the above stated purpose of personal data processing to third parties (event`s co-organizers) which is Fatra Ski, s. r. o., seated at: M.R. Štefánika 25, 036 01 Martin , ID No: 36389170 (organization of the event and evidence of participants).
2. conditions of the event, according to which:
   1. the Supplier will only accept complete and correct application forms,
   2. only applications where the data of Child`s Representative and Child have been voluntarily given in the above stated extent will be considered as complete application,
   3. it is inevitable for the Supplier to have Child`s Representative`s contact data for the purposes of organizational issues communication (purpose of phone number, e-mail provision),
   4. the Supplier shall secure the insurance of the Child for the duration of the event (purpose of Child`s date of birth provision, which shall be subsequently provided together with Child`s name and surname. The institution providing the insurance is KOOPERATIVA.

I hereby declare that the Supplier has informed me about the rights of the person whom the personal data relate and which are governed by Articles 12-23 of Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of individuals with regard to the processing of personal data and on the free movement of such data, repealing Directive 95/46 / EC (General Data Protection Regulation) and authorizing the Supplier to request access to personal data concerning me, their correction or deletion or limitation of processing, or to object to their processing, as well as to exercise the right to data portability, the right to revoke consent at any time without affecting the legality of the processing based on the consent granted prior to its revocation and the right to file a complaint to the supervisory authority to protect the personal data of the Slovak Republic.

Child`s Representative hereby declares that Child has neither acute respiratory nor infectious disease, has neither symptoms of such diseases nor ordered quarantine measure.

Child`s Representative hereby declares and acknowledges by his or her signature that provided data shall be authentic.

The person responsible for personal data protection privacy:

In ................................................., dated....................................... Signature....................................................................