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.

I understand that the consent indicated above is voluntary and relates only to the specific purpose stated. I understand that I may withdraw my consent at any time by contacting the Association at generalsecretary@asaofmalta.eu Withdrawal of consent will not affect the lawfulness of processing carried out before withdrawal.

_____	_____
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
_____	Aquatic Sports Association of Malta
Date	Sport Association