

### FILIACIÓN

Nombre: ..... Apellidos: .....

Fecha de nacimiento: ..... Lugar de nacimiento: .....

Sexo: ..... DNI o NIE: ..... Nº Teléfono: .....

**En el caso de los menores de edad o persona incapacitada, deberá firmar el padre, madre o tutor legal, indicando en (1) el nombre del deportista y en (2) el nombre del firmante junto con su DNI.**

### CONSENTIMIENTO FIRMADO

Don/Doña<sup>(1)</sup> .....

**AUTORIZO** a que se lleven a cabo las pruebas médicas que sean necesarias para la siguiente valoración médica y de la adecuada adaptación a la práctica deportiva. Los datos médicos recabados tendrán un carácter estrictamente confidencial.

De conformidad con la normativa vigente de protección de datos personales, con su firma, usted (o su tutor legal, o representante legal) otorga el consentimiento para que sus datos personales formen parte de los tratamientos de la Mutuality of Social Security of Spanish Footballers to Prima Fija with NIF V85599645 and address in C/ Viriato 2, 28010, Madrid, with the purpose of the realization of the medical recognition preceptive, as well as the state of aptitude prior to the football practice, to guarantee and preserve the health of the interested parties. As well, your data may be shared or communicated to the Cantabrian Football Federation for the processing of the federative registration.

We inform you that the data will be kept during the strictly necessary period to comply with the provisions mentioned above, and we will treat your data in accordance with the existence of your consent. At the same time, we inform you that you can contact the Data Protection Delegate of the Mutuality, by writing to the address of notifications\_gdpr@mutualidaddefutbolistas.com. In accordance with the rights that the current and applicable legislation in data protection grants you, you will be able to exercise the rights of access, rectification, limitation of treatment, suppression ("right to be forgotten"), portability and opposition to the treatment of your data of a personal nature as well as the revocation of the consent granted for the treatment of the same, by sending your petition to notifications\_gdpr@mutualidaddefutbolistas.com. As well, if you consider that the MUTUALIDAD has not treated your information correctly, you will be able to address to the competent Authority for Control to present the claim that you consider appropriate in [www.aepd.es](http://www.aepd.es).

**Mediante la firma del presente documento otorga el consentimiento explícito para el tratamiento de los datos de las finalidades mencionadas anteriormente.**

Nombre, DNI y firma<sup>(2)</sup>