



# USER FORM

User Number (to be filled in by the services)

Dear user:  
Fill in **legibly**.

Name:

  

Birth day:

Tax number:

ID card / Passport:

Mobile phone number:

E-mail



Dear user, you must choose one of the fields: ① or ② according to the application you are filling in:

The user

① I, \_\_\_\_\_,

The legal responsible

② I, \_\_\_\_\_,

ID card/Passport (delete as appropriate) No \_\_\_\_\_,

Mobile phone number \_\_\_\_\_, the legal responsible for the child/under age teenager \_\_\_\_\_,

declare:

I consent as my will that the Data Processing Officer – Municipality of Loulé, with headquarters in Praça da República, 8104-001 Loulé – e-mail: geral@cm-loule.pt can process my personal data in accordance with the terms in the General Data Protection Regulation (EU) No 2016/679, for the purpose of issuing user card with a photo, to use the sports equipment.

Dear user, you must be aware of the items below and to sign in agreement with the same ones:

- a) I have the right to withdraw this consent at any time (without, however, the process done is impaired);
- (b) I have the right to request the data officer to access, change/update, delete, limit and oppose my data processing, as well as the right to portability, using the e-mail: dpo@cm-loule.pt;
- (c) the Data Protection Officer has the contact: dpo@cm-loule.pt;
- (d) I have the right to complain to the National Data Protection Commission;
- (e) my data will be kept for the period legally established or, for the period considered as strictly necessary for the respective processing;
- (f) For more information I can see the Terms and Conditions of Use and Protection and Privacy Policy on the website [www.cm-loule.pt](http://www.cm-loule.pt);

that Law No. 5/2007, of January 16<sup>th</sup>, approving the Law on the Basis of Physical Activities and referred to the No. 2 of the Article 40 in the scope of non-federated physical and sporting activities "it is a special obligation of the practitioner to ensure, in advance, that he does not have any contraindication to its practice", and it is no longer mandatory to present a medical examination for sports practice, but there is only the special obligation of the practitioner to ensure that he does not have any contraindications to sports that he wants to develop;

I am aware of the legislation in force, so I ensured that:

- - I do not have any contraindication for practicing sports in municipal sports facilities,
- - (if applicable) my child does not have any contraindication to the sports practice in municipal sports facilities,
- - I am aware of the Sports Facilities' Regulation of the Municipality of Loulé,
- - I authorize the processing of my data in case of biometric registration to have access to the requested sports facility,

Date: \_\_\_\_/\_\_\_\_\_/ 20\_\_\_\_

The user

The Legal Responsible of the  
under age child/teenager

\_\_\_\_\_  
(over 18 years old)

\_\_\_\_\_  
(under age of 18 years old)

### Annual Update of the Form

(fill in with the services if the information remains unchanged)

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Date: \_\_\_\_\_ Initial: \_\_\_\_\_

