

APPLICATION FORM FOR THE PLAYROOM IN ZDROFIT FITNESS CLUB

Date and time of the child's visit in the Playroom _____

1. THE CHILD'S PERSONAL DATA:

Name and surname:

Date and place of birth:

Residence address:

2. PARENT'S / GUARDIAN'S PERSONAL DATA:

Name and surname:

Date and place of birth:

Residence address:

Phone number:

E-mail address:

Information and remarks about the child given by a parent / guardian:

Personal data included in the form will be processed by Zdrofit Spółka z ograniczoną odpowiedzialnością in Warsaw in order to execute the agreement.

I represent that I have been informed that providing my personal data, included herein, is voluntary and that I have a right to access my personal data, demand to correct and delete it pursuant to the Act of 29th August 1997 on personal data protection.

Date and signature

I represent that the child is healthy and there are no contraindications for them to spend time in the Playroom.

Date and signature

I represent that I have learnt Rules and Regulations of the Playroom in Zdrofit Fitness Club and that I accept it.

Date and signature
