

MINOR registration form n° \_\_\_\_\_\_

**The undersigned parent/legal guardian**

Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ Sex M □ F □

\*Identity document\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N°\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Fiscal code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*Please enclose a copy of the identity document
 and fiscal code of the parent/guardian and of the minor**

Residence: City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_

(street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N° \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Domicile: City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_

(street) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N° \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone n° \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (in block letters)

The undersigned states following e-mail as personal digital address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be used as exclusive address for every type of communication, while committing to keep it functioning and to communicate any relative change.

**hereby requests registration at the following multimedia centres and library of the Trevi Centre – TreviLab with public services: the Audiovisual Centre (Centro Audiovisivi), the Multilingual Centre (Centro Multilingue) and the Provincial library in Italian language “Claudia Augusta” (Biblioteca provinciale italiana “Claudia Augusta”) for**

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Fiscal code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Identity document\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_\_ Sex M □ F □

**USER GROUP**

□ Pre-school age □ High school pupil

□ Elementary school pupil □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Middle school pupil

**NATIONALITY**

□ Italian □ European Union □ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I wish to receive the newsletter regarding the following services:**

Audiovisual Centre □ Yes □ No □ I am already a subscriber and receive the newsletter regularly

Multilingual Centre □ Yes □ No □ I am already a subscriber and receive the newsletter regularly

Prov. library "C. Augusta" □ Yes □ No □ I am already a subscriber and receive the newsletter regularly

The undersigned hereby authorizes the minor to use the Internet service offered by the Provincial library "C. Augusta" and is aware that he/she is responsible for any use of such service made by the minor

□ Yes □ No

The undersigned hereby declares to have read the information about the protection of personal data in accordance to EU regulation 2016/679 and the rules governing access to the library services and agrees to comply with all their aspects **(see the text online:** [**www.provincia.bz.it/trevi-iscrizioni**](http://www.provincia.bz.it/trevi-iscrizioni)**).**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person authorized to process personal data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_