**PRISTOPNA IZJAVA**

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| Ime: |  | Priimek: |  |

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| Naslov: |  |

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| Poštna številka: |  |  |  |  |  | Kraj: |  |

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| Datum rojstva: |  |  |  |  |  |  |  |  |  |  |  |

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| Mobilni telefon: |  |  |  |  |  |  |  |  |  |  |  |  | Spol: |  |  |

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| Elektronski naslov: |  |

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| Velikost majice: |  | Številka čipa: |  |

***S podpisom izjavljam, da želim postati član-ica Športnega društva Gamsi Celjski in, da sprejemam statut društva ter sem se pripravljen-a ravnati po njem.***

Društvu dovoljujem zbiranje, obdelavo in uporabo mojih osebnih podatkov za potrebe delovanja društva, pri čemer je dolžno ravnati v skladu z določili Zakona o varstvu osebnih podatkov (ZVOP-1). Dovoljujem tudi javno objavljanje slikovnega, video in zvočnega materiala, ki prikazuje dejavnost društva in vsebuje moje posnetke.

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| **Datum:** |  | **Podpis:** |  |

**PISNO SOGLASJE ZAKONITEGA ZASTOPNIKA**

(za včlanitev otroka starega od 7 do 15 let)

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| Soglašam, da se moj otrok |  | , včlani v Športno društvo Gamsi Celjski. |

(ime in priimek)

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| Ime in priimek zakonitega zastopnika: |  |

|  |  |  |  |
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| **Datum:** |  | **Podpis:** |  |

**IZPOLNI DRUŠTVO**

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| Člana se vpiše pod zaporedno številko: |  |  |  |  |  |

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(žig in podpis)