

<b>MALTA DARTS ASSOCIATION - PLAYERS REGISTRATION</b>			
<b>REGISTRATION FORM (FORM C1)</b>		<b>SEASON 2024 - 2025</b>	
<b>Data Protection Statement</b>  I confirm that the information contained on this form is correct and I authorize the Association, clubs, or delegate or his associate, to hold and process such information for all purposes relating to the registration with the Association, including that it is held and processed on manual and/or electronic of any type. I declare that I accept and understand the following are my rights relating to my personal data and namely: <ol style="list-style-type: none"> <li>1 The right of access - the right of information and that I can I access my personal data processed on me by the Association;</li> <li>2 The right of rectification - the right to ask the Association to amend and update information which is incorrect or incomplete;</li> <li>3 The right of cancellation - the right to request that the Association deletes my personal data;</li> <li>4 Right to restirt - the right to request that the Association temporarily and permanently stops the processing of my personal data;</li> <li>5 The right of objection -               <ol style="list-style-type: none"> <li>a Right at any time, to object that the Association processes my personal data on grounds relating to particular circumstances;</li> <li>b The right to object that my personal data is processed for direct advertising;</li> </ol> </li> <li>6 The right of data portability: the right to ask for a copy of my personal data in electronic format;</li> <li>7 Right not to be subject to automatic decisions - the right that I am not subject to a decision based on making automated decisions, including profiles, where the decision has legal effect on me or produces significantly similar effects.</li> <li>8 The right to present a complaint with the Commissioner of Data Protection Level 2, Airways House, High Street, Sliema SLM 1549, Malta through <a href="https://idpc.org.mt/">https site: //idpc.org.mt/</a>.</li> </ol> I confirm that my details and information can be passed on to the authorities when requested by law and/or for purposes of compliance to detect or prevent any kind of fraud.  I confirm that the Association has the right to communicate with me, either by normal mail and/or electronic devices of any kind, to inform me on anything that is related to this registration and my partnership with the Association. I understand that the game of darts is public and it is therefore possible to take photographs or videos during play and they can be seen or published in the media and other means of communication.			
<input checked="" type="checkbox"/> Use capital letters except for signatures; <input checked="" type="checkbox"/> Registration Forms, along with a <u>copy of ID/Passport and recent photo of the player</u> , may be submitted by email on until 8.00 pm the last Wednesday before the match. Missing details will invalidate the registration. <span style="float: right;"><input checked="" type="checkbox"/> Forms</span> are accepted until _____.			
<b>Section "A" – Player Information</b>			
1	Name & Surname of player	7	ID Card No
2	Address	8	Date of birth
3	Tel No (Home)	9	Tel No (Mob)
4	Place of birth	10	Last MDA club
5	Email	11	Season
6	Father's Name		
<b>Section "B" – Players declaration</b>			
A player registered with a Team member of the Association, will be linked to the Association until the end of the current season.			
I, (name of player) _____, I am signing to regiser with (name of club) _____ _____ for Season 2024 / 2025.			
<b>I agree and accept the decleration above together the Statute, Game Rules and Disscplinary Code of the Association.</b>			
Player's Signature		Signature Date	
Witness Signature		Witness ID Card No	
Signature of Segretary or President of the Team		Name in full	
<b>SECTION "C" – If player is under Eighteen year of age</b>			
Full name of Father / Mother		ID No & Signature	
<b>SECTION "D" - For office use only</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>MDA No.</span> <span>Date</span> </div> <div style="margin-top: 10px;">           (M.D.A.) Officer _____         </div>			