

Application for membership in the Deutschen-Lebens-Rettungs-Gesellschaft Chapter Schonungen e.V.

Member Data

title first name last name

ZIP code/Street address/House number

Telephone e-mail

Date of birth

Type of application

- New registration
- Change of request

Annual contribution

- Young people (40 €)
- Adults (45 €)
- Family (93 €)

Other

- Change of address data
- Change of bank details
- Change of family membership

Status of membership fees: 01.01.2019. the annual membership fees can be changed by a membership decision in the annual general meeting.

Data for family membership

2. Adult member First name 2. Adult Member Name Date of Birth

1. Young member First name 1. Young member Name Date of birth

2. Young member First name 2. Young member Name Date of birth

3. Young member First name 3. Young member Name Date of birth

4. Young member First name 4. Young member Name Date of birth

If the fields are not sufficient, please use a second application.

I will immediately report any changes to the data to DLRG OV Schonungen e.V.

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Bank details and direct debit authorization

I hereby authorize the Deutsche Lebens-Rettungs-Gesellschaft Ortsverband Schonungen e.V. to collect the membership fees due for me and/or my family members from the following account. If my account does not have the required coverage, there is no obligation on the part of the account-holding financial institution to redeem. Membership can be extended up to 30.11. in writing for the following year.

I will immediately report any changes to the bank details to DLRG OV Schonungen e.V.

IBAN

Financial institution

account holder

Date

of signature

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Declaration of consent for association members under data protection law

First and last name of the member

Consent to data collection, processing and use

I agree that the DLRG local association Schonungen collects, stores, uses my personal data and makes them available to the persons responsible for the organisation of the association.

Personal details include: name, address, date of birth, gender, e-mail address, telephone number, bank details, as well as sports data (competition results, course participations, proof of performance, licenses, pictures).

Purpose: Member administration and support, organisation of competitions, reports to insurance companies in the event of insurance, honours (incl. forwarding to a higher classification level), club advertising. Lists of members are given in electronic or printed form from the central administration of members to members of the Board of Management and officials, insofar as their function or task requires this data to be known.

For publications, e.g. on the homepage or Facebook page of the DLRG and the public press (e.g. Gemeindeblatt Schonungen, Schweinfurter Tagblatt, Mainpost, DLRG publications), only name and age or vintage as well as images are used.

Due to the special characteristics of online procedures (in particular the Internet), the board of the association responsible for publication cannot comprehensively guarantee the required data protection. Therefore, the association member takes note of the risks of a personality injury and is aware of:

- that the personal data published on the Internet or in the context of public relations can also be retrieved in countries that do not have data protection provisions comparable to those of the Federal Republic of Germany and
- that there is no guarantee that the personal data published on the Internet or in the context of public relations will remain confidential, that the accuracy of the content will continue to exist and that the data cannot be changed.

I have the right to revoke my following consent to the association at any time. The revocation of consent does not affect the legality of the processing carried out until the revocation.

I hereby voluntarily consent to the collection and processing of my personal data. I have received a copy of the data protection clarification for association members.

Place, date

Signature

(Signature of a legal representative for minors)

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Clarification of data protection law for association members

The processing of the personal data to be collected is subject to the General Data Protection Regulation (EU GDPR) and the Federal Data Protection Act (BDSG).

The processing of this data is permitted if there is a legal permission for the processing or if the member has given his consent. In order for the DLRG Chapter Schonungen to fulfil its purposes listed below, the explicit consent of the member is required.

Personal data to be collected: name, address, date of birth, gender, e-mail address, telephone number, bank details, as well as sports data (competition results, course participation, proof of performance, licenses, pictures). The principle of "data economy" applies, that is, only data is collected, processed or forwarded that is necessary for the handling of the association organization.

Purpose: Member administration and support, organisation of competitions, reports to insurance companies in the event of insurance, honours (incl. passing on to a higher division level), club advertising/public relations.

For publications, e.g. on the homepage or Facebook page of the DLRG and the public press (e.g. Gemeindeblatt Schonungen, Schweinfurter Tagblatt, Mainpost, DLRG publications), only name and age or vintage as well as images are used. The member is aware of the fact that despite all measures taken to ensure data protection, the data used in the course of publication (Internet, press) can also be retrieved in countries that do not have data protection regulations comparable to those of the Federal Republic of Germany. Furthermore, it is not guaranteed that this data remains confidential, that the accuracy of the content continues to exist and that the data cannot be changed.

Data flows and storing bodies: Lists of members are given in electronic or printed form from the central administration of members to members of the Board of Management and officials, insofar as their function or task requires this data to be known. The membership is administered in a central database to which only the association's board has access.

Responsibility: The DLRG Chapter Schonungen, Am Esel 13, 97453 Schonungen, is responsible for the decisive responsibility for the data processing in accordance with data protection law.

Duty to provide information: The member has a legal right to information about the personal data stored and processed about him at the DLRG local association Schonungen. In addition, the member has the right to correct, change, block or (after the legally required retention period) have their stored data deleted. The member also has the right to data transfer of personal data concerning them. If you have any questions about your rights, please contact the data protection officer of DLRG Schonungen (datenschutz @ dlrg-schonungen.de). In addition, the member has a right of appeal to the responsible supervisory authority: Bayerische Landesamt für Datenschutzaufsicht, Postfach 606, 91511 Ansbach, Tel. 0981 53-1300, e-mail: poststelle@lda.bayern.de.

Duration of storage: The member's consent is valid beyond the termination of membership in the DLRG local association Schonungen, but ends after expiry of the statutory retention periods or through the revocation of the member, which is possible at any time.

Revocation: The member has the right to revoke the data protection consent at any time. The revocation of consent does not affect the lawfulness of the processing carried out until the revocation.

Self-declaration on state of health

Delete all entries



For the following training/activities in the DLRG *:

- | | |
|---|--|
| <input type="checkbox"/> Training in swimming and rescue swimming | <input type="checkbox"/> Participation in the (central) water rescue service |
| <input type="checkbox"/> German Snorkel Diving Badge (DSTA) | <input type="checkbox"/> Participation in rescue sports events |
| <input type="checkbox"/> Specialist training water rescue service | |
| <input type="checkbox"/> Flow rescue | <input type="checkbox"/> _____ |

_____	_____
First name and last name	Date of birth
_____	_____
Street and house number	Postal code and residence

I am willing to work in the aforementioned area of activity of the DLRG. I am aware that this activity is associated with risks. I am aware that these risks are increased if I have health-related impairments. After consultation with my doctor, I declare that I

- can work in the aforementioned area of activity without health restrictions. *
- I can only cooperate with the following medical restrictions (I may attach a medical certificate stating the extent to which I can cooperate): *

In the case of future illnesses, I am aware that it is in my own interest to discuss the extent to which the aforementioned activity should be temporarily or permanently restricted with the respective attending physician. I undertake to immediately inform the person responsible (instructor, operations commander, trainer, etc.) of any reduction in operational capability thus made known, stating the extent of the impairment. Upon receipt of the information, the latter undertakes to use the information received exclusively for business purposes and to treat the information in this context as confidential.

Supplementary information for self-declaration on the state of health

Basically, before the first self-declaration, a medical basic recommended. Intermediate more severe diseases, inspecial ones of those mentioned below. Types require a renewed medical Investigation.

Possible hazards:

- Cardiovascular diseases.
- •
- Asthmatics and severe allergy sufferers should always seek medical attention beforehand
- Seizure disorders (epilepsy or similar) close one of the above activities

The following questions should help to find out whether a medical underindicated before participation. A question answered with "YES" does not have to lead to exclusion from participation. However, she gives a Indication that safety in the performance of the activity impairs minutes and a medical examination is therefore advisable.

answer the following questions regarding current or perceived current state of health regarding **oneself or as a care-legitimate for the child** or as an appointed caregiver for the aforementioned person with **Yes or No**. If you are unsure, answer yes. If there is a question airplane? (see below) is answered with **yes, is an examination or consultation for a Doctor** required before the activity or training is started.

Do you or the child or the aforementioned person have or have had:

- Asthma or difficulty breathing during physical exertion?
- Frequent or serious attacks of hay fever or allergies?
- frequent colds, sinusitis, bronchitis?

- a lung disease? analysis is
- a pneumothorax (lung rupture)?
- surgical intervention in the area of the chest?
- Fear of space or fear in enclosed spaces?
- Health problems with special behaviors/moods (depression)?
- Epilepsy, seizures or convulsions? Are medications taken? repeated migraine-like headaches. Are medications injected?
- Memory impairments or fainting or unconsciousness?
- frequent nausea due to driving on the boat or in the car?
- a diving accident or a decompression sickness?
- recurring back complaints?
- surgical intervention in the back area or injuries or fractures in the search is back, arms or legs?
- diabetes?
- the inability to perform moderate physical exercises (e.g. 1.5 km in 10)?
- high blood pressure? Are medications taken? Please heart diseases?
- surgical interventions on ears or sinuses?
- ear diseases, hearing impairment or balance disorders?
- Difficulties in balancing pressure when traveling to mountains or on an
- bleeding or blood clotting disorders?
- Soft tissue fractures (lasts, navel, loins, diaphragm)?
- Ulcers or surgically removed ulcers?
- Gastrointestinal problems?
- Excessive use of medication or alcohol?
- Problems with taking narcotics?
- a disease not listed here?

_____	_____	_____
Place, date	Signature of the participant,	if applicable Signature of the custodian or the appointed supervisor

This declaration is valid for a maximum of two years and shall be repeated upon expiry of this period. The information must be treated confidentially in the chapter structure.

* Tick off appropriate box