|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  |  | | | | |  | |  |  | | | | |
|  | |  |  |  | | | | |  | |  |  | | | | |
|  | |  |  | **FICHA DE INSCRIPCION Y AUTORIZACION**  **2019**  **DEPORTES / ACTIVIDADES** | | | | | | | | | | | | |
|  | |  |  |  | | | | |  | |  |  | | | | |
|  | |  |  |  | | | | |  | |  |  | | | | |
| **APELLIDO Y NOMBRE DEL ALUMNO: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** | | | | | | | | | | | | | | | | |
| **DEPORTE QUE PRACTICA:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  **DIAS Y HORARIOS:­­\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  **DNI: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ FECHA DE NACIMIENTO: \_ \_ \_ \_/\_ \_ \_ \_/\_ \_ \_ \_** | | | | | | | | | | | | | | | | |
|  | |  | | | |  |  | |  | |  |  | | | | |
| **DOMICILIO: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_Nº \_ \_ \_ \_ \_ \_ \_ \_ BARRIO:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** | | | | | | | | | | | | | | | | |
|  | |  | | | |  |  | |  | |  |  | | | | |
|  | |  | | | |  |  | |  | |  |  | | | | |
| **NOMBRE DEL PADRE, MADRE O TUTOR: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** | | | | | | | | | | | | | | | | |
| **TEL. PARTICULAR: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ CELULAR: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | |
| **E-mail: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** | | | | | | | | | **DNI: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** | | | | | | |
|  | |  | | | |  |  | |  | |  |  | | | | |
| **(Se deberá adjuntar fotocopia de Documento, en caso de ser menor, también la del mayor responsable)** | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | |
| **FICHA MEDICA:** **(Deberá ser completada por los padres)** | | | | | | | | |  | |  |  | | | | |
|  | |  | | | |  |  | |  | |  |  | | | | |
| **ALERGICO: SI / NO A: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** | | | | | | | | | | | | | | | | |
| **TRATAMIENTO: SI / NO CUAL: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** | | | | | | | | | | | | | | | | |
| **PADECE ALGUNA ENFERMEDAD: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** | | | | | | | | | | | | | | | | |
| **TOMA MEDICACION PERMANENTE: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** | | | | | | | | | | | | | | | | |
| **ALGUNA ACLARACION QUE DEBAMOS TENER EN CUENTA: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_** | | | | | | | | | | | | | | | | |
|  | |  | | | |  |  |  | | |  |  | | | | |
|  | |  | | | | **(Se deberá adjuntar certificado médico de aptitud física)** | | | | |  |  | | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | |
| **AUTORIZACION** | | | | | |  |  | |  | |  |  | | | | |
| *Autorizo a mi hijo/a del cual consta sus datos en esta planilla, a practicar deportes sistemático-social en las escuelas* | | | | | | | | | | | | | | | | |
| *de iniciación deportiva de la Dirección de Deportes* perteneciente al Municipio de Gral. Rodríguez. | | | | | | | | | | | | | | | | |
| Así mismo, si es necesario, integrar la delegación que representara al deporte en algún encuentro deportivo, | | | | | | | | | | | | |  |  |  | |
| declarando conocer y aceptar todas y cada una de las condiciones de participación.  ***TODAS LAS ACTIVIDADES SON LIBRES Y GRATUITAS.***  **SITUACION DE RETIRO DE SU HIJO/A:** | | | | | | | | | | | | | | | | |
| SOLO:\_ \_ \_ \_ \_ \_ \_ ACOMPAÑADO POR:\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | | | | | | | | | | |
| APELLIDOS Y NOMBRES: (padre, madre o tutor) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | | | | | | | | | | |
|  | |  | | | |  |  | |  | |  |  | | | | |
| DNI: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ FECHA: \_ \_ \_/\_ \_ \_/\_ \_ \_ \_ | | | | | | | | | | | |  | | | | |
|  | |  | | | |  |  | |  | |  |  | | | | |
| FIRMA: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ ACLARACION: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | | | | | | | | | | |
| **(Esta planilla tiene validez como Declaración Jurada)** | | | | | | | | | | | | | | | | |