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| Indervalle ofrece curso de administración deportivaIndervalle's stream on SoundCloud - Hear the world's sounds | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| “APOYO AL FORTALECIMIENTO DEL DEPORTE, LA RECREACIÓN Y LA SANA INVERSIÓN DEL TIEMPO LIBRE, MEDIANTE **“SEMILLEROS DEPORTIVOS POR UN VALLE INVENCIBLE”** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FICHA DE INSCRIPCIÓN Y CONSENTIMIENTO INFORMADO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| En cumplimiento de la ley estatutaria 1582 del 17 de octubre de 2012 Por la cual se dictan disposiciones generales para la protección de datos personales, INDERVALLE (instituto del deporte, la educación física y la recreación del Valle del Cauca, informa que siendo responsable y como entidad encargada de los tratamientos de los datos de los habitantes participantes del proyecto en el departamento, asegura que estos serán utilizados en el desarrollo de las funciones propias y no se divulgaran con fines diferentes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FICHA DE INSCRIPCIÓN Nº** | | | | | | | | | | | | | | | | | | | | | | | | | | 2 | | | | | | | | | **FECHA** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **REGIÓN** | | | | | | | | | | | | | | | U | | | | | | | | **MUNICIPIO:** | | | | | | | | | | | | Riofrio | | | | | | | | | | | | | |
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| **DATOS PERSONALES BENEFICIARIO (NNA)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombres y Apellidos: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Fecha de nacimiento: | | | | | | | | | | | | | | |  | DIA | | | | | | | | | 3 | | | | MES | | | 6 | | | | | AÑO | | 2007 | |
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| Lugar de nacimiento: | | | | | | | | | | | | | | | | | | Origin place demo | | | | | | | | | | | | | | | | | | | |  | | Edad | | | | ${Y} | | | | | | |  | Tipo de identificación | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | No Identificación: | | | | | | | | | | 46726641 | | | | | | | | | |
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| Dirección de residencia: | | | | | | | | | | | | | | | | | | ${addres} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | No. Teléfono/celular: | | | | | | | | | | | | | | | | | | | | | | | | | | 18071554 | | | | | | | | | | | | | | | | | | | | | | | |  | | Estrato: | | | | 7 | |
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| Zona |  | Rural | | | | | | X | | | Urbana | | | | | | | |  | | | |  | | Víctima de conflicto | | | | | | | | | | | | | |  | | SI | |  | | | | | NO | | | | | | NO | | | | | | |  | | | Corregimiento/Barrio/ Vereda: | | | | | | | | | | | | | | | | | | | | | | | | | ${corregimiento} | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Género | | |  | | Femenino | | | | | | | | | |  | | | | Masculino | | | | | | | | | |  | | |  | | Etnia: | | |  | | Indígena | | | | | | | | | ${I-T} | | | Afro | | | | | | | | ${A-T} | | | | | Mestizo | | | | | | | | | | | | ${M-T} | | | Blanco | | | | | ${B-T} | | Otro | | | ${O-T} | | | ¿Cual? | | | | | | | ${otra-raza} | | | | | | | | | | | | | | | |
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| Discapacidad | | | | | | |  | | SI | | | ${S-T} | | | | NO | | | | ${S-F} | |  | | ¿Cual? | | | | | | ${discapacidad} | | | | | | | | | | | | | | | |  | | | Patología | | | | | | | | | | |  | | SI | | | | | ${E-T} | | | | NO | | | | | | ${E-T} | | |  | | ¿Cual? | | |  | | | | | | | | | | | | | | |  | | Tipo de Sangre (RH): | | | | | | | | | | 6 | | |
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| Escolaridad | | | | | |  | | SI | | ${ES-T} | | | | NO | | | ${ES-F} | | | |  | Primaria | | | | | | | | ${Ep-T} | | | Secundaria | | | | | | | | | ${ESs-T} | | | | | | | | Graduado | | | | | | | | | | | | | ${ESg-T} | | | | | |  | | | | | | Institución educativa | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Vive con: | | | |  | | Padre | | | | | | | ${VV-p} | | Madre | | | | | | | ${VV-m} | | | | | Abuela | | | | ${VV-A} | | | | | Hermanos | | | | | | ${VV-H} | | | | | Tíos | | | | | | ${VV-T} | | | | | Otro | | | | | | | ${VV-O} | | | | | | | ¿Quien? | | | | | | | | | | ${VV-PersonaDiferente} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Entidad Promotora de salud (EPS) | | | | | | | | | | | | | | | | | | | | | | | | | | | ${health-entity} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Tipo de afiliación: | | | | | | | | | | | | | | | |  | | Subsidiado | | | | | | | | | | ${H-S} | Contributivo | | | | | | | | | | ${H-C} | | No tiene | | | | ${H-N} |
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| ¿Cómo se enteró del proyecto? | | | | | | | | | | | | | | | | | | | | | | | | | | | | [] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DATOS DEL ACUDIENTE, AUTORIZACIÓN DE REPRODUCCIÓN DE IMAGEN Y ACTA DE COMPROMISO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombres y Apellidos: | | | | | | | | | | | | | | Elroy Parker | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | No Cedula | | | | | | | | | | | | | | 60375636 | | | | | | | | | | | | | | | | | | |  | | | Parentesco: | | | | | | | | | | ${parentesco\_acudiente} | | | | | | | | | | |
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| Email: | | | | waters.nora@example.net | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Celular: | | | | | | | | | | | +1.601.730.5176 | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | Redes sociales: | | | | | | | | | | | | | [] | | | | | | | | | | | | | | |
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| 1- Manifiesto que he sido informado acerca de las actividades recreativas y deportivas que se van a realizar y que he respondido con sinceridad a las preguntas requeridas para la participación en la misma. Bajo mi responsabilidad autorizo para que el niño, niña, adolescente el cual represento, participe en las actividades que se desarrollarán. Igualmente, me comprometo a realizar acompañamiento para que la participación en la programación sea bajo parámetros de respeto y solidaridad, así mismo autorizo a RECREAVALLE para la edición, divulgación y reproducción de imágenes del programa de los NNA, sin exigir algún pago, retribución, compensación o regalías por este tipo de publicación nombrada, donde entiendo de forma clara que esta imagen puede distribuirse por varios medios electrónicos y otros, están sujetas a ediciones, cambios para mejoras del producto si el caso lo amerita, sin necesidad de buscar autorización del tutor encargado, representante, padre, madre o grupo familiar del beneficiario. El producto donde aparezcan los beneficiarios o adultos no expira y lo podrá utilizar RECREAVALLE sin limitaciones geográficas, siempre y cuando esta Entidad lo necesite. Autorizo a RECREAVALLE en la participación en investigaciones socio estadísticas de los NNA tales como encuestas, test, entre otras.  2- Protocolo COVID 19: Doy constancia de que de una manera detallada se me ha suministrado información completa, suficiente, con un lenguaje sencillo y claro, la naturaleza de la enfermedad COVID 19, en cuanto a su presentación clínica, modo de contagio, medidas para contenerla, posibilidad de sufrir la enfermedad, complicaciones, mientras permanezca en las prácticas deportivas, recreativas y de tiempo libre, de acuerdo a normas establecidas por el Ministerio de Salud.  Que he podido hacer las preguntas relacionadas con dicha enfermedad y se me ha respondido en forma satisfactoria; así mismo se me ha explicado que el NNA puede estar en riesgo de contagiarse mientras este en espacios públicos para el entrenamiento.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Firma del acudiente | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nota: El Programa "Semilleros deportivos por un Valle invencible", no se hace responsable de asumir los gastos o situaciones generadas por algún trauma en las actividades propias de la práctica. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NOMBRE DEL MONITOR | | | | | | | | | | | | | | | | | | | | ${monitor} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | MODALIDAD DEPORTIVA | | | | | | | | | | | | | | | | | | | | | | | ${deporte} | | | | | | | | | | | | | | | | | | |