



REGISTRATION FORM

Soccer School

Date

DAY / MONTH / YEAR

FOOTBALL PLAYER PROFILE / CONTACT DETAILS

Surname

Medical status

First Name

Allergies

Medication

Birth Date

DAY / MONTH / YEAR

Place

Nationality

School / College

Insurance number

I.D. Number

Passport

Previous Club/Academy

Game Position

Years of Training

Age Group

Additional Sport

Coach

Male

Female

WAY OF PAYMENT

Monthly

Cash

2-month

Bank

3-month

Credit card

Season

Other

PARENTS CONTACT DETAILS

Name Surname

Telephone

Address

Mobile

Area/District

Post Code

Telephone (emergency)

I.D. Number/Passport

E-mail

Social Media / Facebook Account

KIT SIZE

116

128

140

152

164

176

S

M

L

XL



YES NO

I responsibly declare that the Athlete is under special diet which I present herein.

I responsibly declare that the Athlete is sensitive to certain circumstances, and in particular _____

I hereby consent that personal details of said Athlete and his/her guardian are collected and kept, under the terms, conditions and purposes set out in Regulation (EU) 2016/679 of the European Parliament and of the Council. I accept that the Athlete and guardian's personal data are collected, kept and utilized by OLYMPIACOS FC solely for young football athletes' training and practicing purposes, which are fair and legitimate, including all advertising purposes for specifically promoting this activity (photo taking and video recording of activities).

I accept the Athlete may participate in social activities in the context of charities organized under the auspices of OLYMPIACOS FC.

I fully comprehend –after being brought up to date- and acknowledge said data shall be kept for as long as it is required to fulfil these purposes (sporting, commercial, social), unless otherwise provided by law.

I consent to receive communications about other activities, products and services of OLYMPIACOS FC and THRYLOS SA, their sponsors and partners, via newsletter (subject that I have willingly subscribed), e-mail and text messages to my mobile phone.

I declare and consent that all data I provided to OLYMPIACOS FC are relevant, appropriate and no more than required in view of the Academy objectives. I fully consent that OLYMPIACOS FC may collect and utilize the Athlete or guardian's personal data, disclose them to Academy partners, when and to the extent this is deemed necessary for the purposes of the Academy and, in general, the organization. I explicitly declare that both the Athlete and his/her other family members will respect the School's Rules and Regulation.

Date DAY / MONTH / YEAR

Parent / Guardian signature

Please fill up this form and contact with the soccer school of your choice in order to complete the registration procedure.