OLYMPIACOS FOOTBALL SUMMER 2024 CAMP

1-5 JULY 2024

Train like a Pro

OLYMPIACOS FC © S C H O O L S





REGISTRATION FORM

Last Name	Payment meth	od	
First Name	Bank	Credit Card	Cash
Date of Birth			
Parent Name	that the person belo	ly exercising parental duties and care, here w mentioned may participate in all sportin	g activities in the context
Address	medical opinion tha	Summer Camp"; for this purpose, I pre- t is true and fully reflects the Athlete's of personal details of said Athlete and his/h	current state of fitness. I
Postal Code City / Area	and kept, under the	terms, conditions and purposes set out in liament and of the Council. I accept that t	Regulation (EU) 2016/679
Home Phone Number	personal data are	collected and utilized by THRYLOS SA so ogram objectives, which are fair and	olely for the Olympiacos
Mobile Phone Number	recording of activitie	s for specifically promoting this program es). I accept, following being brought up to	date, that said data shall
Email	be kept for as long required by the Program objectives, unless otherwise provided by law. I explicitly declare and consent that all data I provided to THRYLOS SA are relevant, appropriate and no more than required in view of the Olympiacos Summer Camp program objectives. I fully consent that THRYLOS SA may collect and utilize the Athlete or guardian's data, disclose them to partners under the Olympiacos Summer Camp program, when and to the extent this is deemed necessary for the purposes of the program and, in general, the organization.		
Club			
Game Position			
Years of Training	1 0 7 0		
First Participation?			
How many	Dati	Powers	Cianatura
Special Nutritional Need	/	raiciii	Signature
Allergies			
DAILY PROGRAM		WHAT	WE PROVIDE
08:30-08:45 Arrival		Summer Camp training kit •	•
09:00-14:15 Football activities	•	evaluation - light lunch - fr	•
41.00 41.15 0	•	Medical insurance • Olympi	acus omcial giπs

Olympiacos FC Training Centre (Entrance from street Agias Annis 98)





14:30-14:45 Departure