



APPLICATION FORM

PLAYER'S PERSONAL INFORMATION

FIRST NAME:
SURNAME:
BIRTH DATE:
NATIONALITY:
ADDRESS:
CITY: POST CODE:
PHONE NUMBER:
MOBILE:
CLUB:
WAY OF TRANSFER TO SPORTS CENTER

ON MY OWN

BY CLUB BUS

General terms of participation

1. Completing this application form, I affirm that I allow my child's participation to the 1st AEK FC Development Summer Camp
2. Also, I affirm that my child didn't deal with any health problem in the past and he/she is absolutely healthy that could prevent child's participation in any athletic activity.
3. Every athlete should have soccer shoes and shinguards during every training session

DATE

...../...../ 2015

PARENT'S SIGN

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