



METEORA WRESTLING ACADEMY

LAST NAME	
FIRST NAME	
FATHERS'S NAME	
ID/ PASSPORT NUMBER	
RESIDENCE ADRESS	
PHONE NUMBER	
ATHLETE'S NAME AND SURNAME	
SPORTS CLUB	
COACH OR ESCORT ACCOMPANYING THE ATHLETE	

PARENTAL OR GUARDIAN CONSENT FORM

Upon sighing this declaration as a parent or guardian, I hereby confirm that I have read and fully accept the terms and conditions of the notice of invitation for the event Meteora Wrestling Academy (Wrestling Model Camp : 19 – 23 June 2023).

I allow my underage child to participate in the above mentioned event under his/ her coach responsibility and guidance. I declare that his/ her health statue does not prevent him/her from the participation in the event and agree to release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating. I declare that I allow that my child to be photographed during the event, as well as the publication of the photographs in which he/she appears, in the media and posting on the official websites of the organizers with republication on the social networks, without prejudice to any other personal data of the minor, information such as the name, address of the home, telephone (fixed or mobile), his / her interests, opinions, etc. in accordance with the Greek legislation (Law 2472/1997 and 3471/2006) and as defined by the Data Protection Authority.

I declare that I am aware of the terms of participation and I accept them unreservedly.

DATE :

SIGNATURE :