



APPLICATION FORM (November 2024 – June 2025)

ATHLETE APPLICATION FORM

PARENT / GUARDIAN INFO

MOTHER

NAME: _____

SURNAME: _____

FATHER

NAME: _____

SURNAME: _____

COMMUNICATION INFO

E-MAIL: _____ PHONE NUMBER: _____

ATHLETE INFO

BOY GIRL

NAME: _____ SURNAME: _____

DATE OF BIRTH: ____/____/____ AMKA/SSN: _____
MM DD YY

NATIONALITY: _____

LANGUAGE(S): GREEK ENGLISH FRENCH UKRAINIAN

FARSI ARABIC

HOME ADDRESS: _____ POSTAL CODE: _____

SCHOOL INFO: _____

T-SHIRT SIZE XS S M L XL SHOE SIZE (EU)

RELATIONSHIP WITH BASKETBALL

Never played before Used to play with friends Play at basketball Academy

Antetokoumpo Academy Athlete
YES NO

FAMILY AND INCOME STATUS

If the applicant meets ONE or MORE of the criteria listed below, please check the relevant box. For every box checked, extra points are earned in the evaluation procedure that will lead to an invitation to the Antetokounmpo Academy.

For each of the criteria checked, the applicant should submit a print copy of the relevant official document certifying its status. In case the documents submitted are not valid or are non-official or are not submitted until the 20th of October 2024, the submission will be marked as incomplete and won't be considered for evaluation.

ANNUAL FAMILY INCOME (2023):

€0 – €2,500 €2,501 – €5,000 €5,001 – €7,500 €7,501 – €12,000
€12,001 – €20,000 €20,001+

Has lost his/her parents: 1 parent 2 parents

Single parent family

Member of large family: 3 children 4+ children

Has parents/guardians and/or siblings with a percentage of disability of over 67%

Required documents: Tax clearance (2023), Family status certificate, valid Unemployment card, KEPA certification

AGREEMENT AND CONSENT PROVISION

By submitting this form, you acknowledge that you have read, understood, and accepted the attached Terms and Conditions.

HEALTH STATUS

The athlete's parent/legal guardian declares that the athlete is fit and not experiencing any health concerns or injuries that will be aggravated by participating in the Antetokounmpo Academy's training program.

AUDIO, VIDEO & PHOTO SHOOTING

As part of the Program, we will be video and photo shooting the Program's activities. By signing and submitting your application, you grant the Academy and its partners the right to use all resulting audiovisual material for the purposes of implementing and publicly promoting the Program, and for archival purposes, as specified in the Program Terms and Conditions.

TRANSPORTATION

Athletes' transfer to the court and back, and to Basket League game visits, will be made using their own means of transport. For the participation to the educational workshops, transportation to the workshop location and back will be provided by Antetokounmpo Academy, with the meeting point being the training courts.

WHERE DID YOU LEARN ABOUT THE ANTETOKOUNMPO ACADEMY:

INTERNET SOCIAL MEDIA SCHOOL MUNICIPALITY OF ATHENS FRIENDS

PARENTS'/ LEGAL GUARDIAN'S AGREEMENT

We lawfully exercise the parental responsibility of our minor child.

Parent 1 (Full name) _____ Signature: _____

Parent 2 (Full name) _____ Signature: _____

I have read, understood, and accept the Terms of the Program Parent 1 Parent 2

Date: _____

If one of the parents is unable to sign the form, then the undersigned must choose one of the following reasons:

(A) Absence

I responsibly declare that the present form is signed only by me although I was informed by the Program managers that it must be signed by the other parent too and that the other parent has been informed of our child's participation in the Program and has agreed to it.

(B) Divorced and only one parent exercises parental responsibility

I responsibly declare that the present form is signed only by me although I was informed by the Program managers that it must be signed by the other parent too and that only I exercise the child's parental responsibility.

(C) Loss

I responsibly declare that the present form is signed only by me although I was informed by the Project managers because the other parent is not alive.

If the minor child is under guardianship / in foster care then the undersigned must choose:

I act lawfully in the capacity of the custodian / foster parent / legal guardian of this minor

(Full name) _____ Signature: _____

Date: _____

The filling out of all fields is mandatory