

**BV-01****FOREIGN ATHLETE PERSONAL DATA FORM**

Nationality	_____
Surname	_____
Name	_____
Father's Name	_____
Mother's Name	_____
Passport No	_____
Date of Birth	____-____-____
Profession	_____
Home address (Street, number)	_____
City / Postal Code	_____
Country	_____
Home Phone Number	_____
Mobile Phone Number	_____
E-mail	_____
Beach Volley Club/Academy	_____

**Please Attach:**

Recent passport-size photo

Health Certificate signed by pathologist or sports medical Doctor (CEV and FIVB medical forms also accepted)

I hereby declare that I accept my personal data to be given out to sponsors of HVBF in order to be informed for their marketing activities.

I DO NOT agree

**For the completion of this form the following are required:**

- Identity Card or Passport or an equivalent document able to provide self identity
- For athletes under 18, parents approval and authorization (signature)

I claim knowledge of the form and I agree

Parents Authorization  
(For athletes aged under 18)\_\_\_\_\_  
*Signature*\_\_\_\_\_  
*Signature and Passport Number*

*Each athlete signing a registration form confirms that he/she accepts the Terms & Conditions and Regulations of the HVBF Beach Volleyball Championships.*

**Filled in by the HVBF**

Registration Number

Registration Date

- ☒ O.A.K.A. - Olympic Aquatic Center  
Spyrou Loui, 151-23 Marousi, Athens  
T: (+30) 210.68.01.992
- ✉ bvregistration@volleyball.gr

HELLENIC VOLLEYBALL FEDERATION

**www.volleyball.gr**