Summer Soccer Camp application form

Date, signature invoice recipient



Personal details:		
Surname:	First name:	Date of birth:
Adress:		
Mobil-Nr.:	Phone-Nr.:	
Email:	Club:	Agency:
Status: Profi (League 1)	Newcomer Rookie (League 3 and Youth)	
Booking details:		
Date of arrival:	Date of departure:	Training sessions (50min) /day:
Diagnostics:	Yes No	
Diagnostic tools:	entire tools	or book individual:
	DIERS-Measuring (Spine/pelvis/leg axis)	Isokinetics (Test of strength of the legs)
	Neuroathletics	Speedcourt
Supplements required: Yes No (Products of AM Sports amino acids/magnesium/carbohydrates)		
Invoice will be payed by yourself agency or others		
Divergent invoice adress:		
Additional agreement and condition:		
Location and duration The Summer Soccer Camp Munich.	o takes place from the 01.06.2023 to the 18.08.20	o23 in the MYOS Sport & Health GmbH - Leopoldstrasse 175, 80804
of costs. The total costs for the invoice recipient deviate of costs.	or the camp stay are individual and depend on th	written confirmation from the invoice recipient for the assumption ne length of stay and the scope of the training sessions and tools. If tion from the invoice recipient must be available for the assumption piced .
Cancellation and cancella If the Summer Soccer Cam one week 20%.		arrival, a refund of 100% will be made, up to 2 weeks 50% and up to
Inability and absence during the camp If inable from attending, the player must cancel by email (termin@myos.one) or telephone (+4989-32387815) as soon as possible, but not later than 48 hours before the start of training. Otherwise, the agreed fee for the booked training session will be charged in full.		

Name in block capitals