



# PARIS SAINT-GERMAIN ACADEMY

## Subscription Form

PLEASE ATTACH A RECENT PHOTO

England

Moira House Soccer Camp 2017: Day

Please complete ALL sections of the booking form. Full payment is required on return of booking form or at least 4 weeks prior to start date.

<p><b>PLAYER DETAILS</b></p> <p>First name:.....</p> <p>Surname: .....</p> <p>Date of birth: .....</p>	<p><b>COURSE DATES</b></p> <p>Please tick</p> <p><input type="checkbox"/> Week 1: 3 July – 7 July</p> <p><input type="checkbox"/> Week 2: 10 July - 14 July</p> <p><input type="checkbox"/> Week 3: 17 July - 21 July</p> <p><input type="checkbox"/> Week 4: 24 July - 28 July</p> <p><input type="checkbox"/> Week 5: 31 July – 4 August</p> <p><input type="checkbox"/> Week 6: 7 August - 11 August</p> <p><b>PSG Soccer Camp Full Week</b>    <input type="checkbox"/>    <input type="checkbox"/></p> <p>Mon-Fri 9.00am-5.00pm</p> <p>35 Hours PSG Coaching per week</p> <p>Total number of weeks: .....@ £250.00 per week</p> <p><b>PSG Soccer Camp Individual Day</b></p>	<p><b>MEDICAL HEALTH QUESTIONNAIRE</b></p> <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DETAILS</th> </tr> </thead> <tbody> <tr> <td>Does the player have a medical condition or disability?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Does the player have any allergies?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Is the player taking any medication?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Does the player require a special diet?</td> <td></td> <td></td> <td></td> </tr> <tr> <td>I agree to ACCORD ISS giving the player non-prescription medicine – e.g. paracetamol/sore throat tablets</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	DETAILS	Does the player have a medical condition or disability?				Does the player have any allergies?				Is the player taking any medication?				Does the player require a special diet?				I agree to ACCORD ISS giving the player non-prescription medicine – e.g. paracetamol/sore throat tablets			
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<p><b>Parent/Guardian AND Emergency Contact Details</b></p> <p>Full name: .....</p> <p>Address: .....</p> <p>.....</p> <p>Home phone number: .....</p> <p>Work phone number: .....</p> <p>Mobile phone number: .....</p> <p>Email address: .....</p> <p>Emergency contact name: .....</p> <p>Address:.....</p> <p>.....</p> <p><b>How did you hear about the PSG Academy England?</b></p> <p>.....</p> <p>.....</p>	<p><b>PSG Academy Kit</b></p> <p>Please tick one</p> <p><input type="checkbox"/> Small Boy (8 yrs- Between 128cm -137cm)</p> <p><input type="checkbox"/> Medium Boy (9-10 yrs- Between 137cm -147cm)</p> <p><input type="checkbox"/> Large Boy (11-12 yrs- Between 147cm -158cm)</p> <p><input type="checkbox"/> Extra Large Boy (13 yrs- Between 158cm -170cm)</p> <p><input type="checkbox"/> Small Men (14 yrs- Between 170cm -175cm)</p> <p><input type="checkbox"/> Medium Men (15-16 yrs- Between 175cm - 182cm)</p>	<p><b>TOTAL AMOUNT</b></p> <p>I give permission to ACCORD ISS to follow the advice of medical staff and to authorise medical treatment and/or anaesthetic for the player in an emergency.</p> <p>PLEASE enter the total price for each item to calculate the total amount payable.</p> <p><b>TOTAL CAMP FEE:</b></p> <p>£</p>																								

Parent/Guardian Print Name:

Parent/Guardian Signature:

Date:

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