



PARIS SAINT-GERMAIN ACADEMY

England

Subscription Form

Rossall Soccer Camp 2017:

PLEASE ATTACH A RECENT PHOTO

PLAYER DETAILS	COURSE DATES	MEDICAL HEALTH QUESTIONNAIRE																								
<p>First name:.....</p> <p>Surname:</p> <p>Date of birth:</p> <p>Parent/Guardian AND Emergency Contact Details</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>How did you hear about the PSG Academy England?</p> <p>.....</p> <p>.....</p>	<p>COURSE DATES</p> <p>Please tick</p> <p><input type="checkbox"/> Week 1: 10 July - 14 July</p> <p><input type="checkbox"/> Week 2: 17 July - 21 July</p> <p><input type="checkbox"/> Week 3: 24 July - 28 July</p> <p><input type="checkbox"/> Week 4: 31 July – 4 August</p> <p>PSG Soccer Camp Full Week</p> <p>Mon-Fri 9.00am-5.00pm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>35 Hours PSG Coaching per week</p> <p>Total number of weeks:@ £250.00 per week</p> <p>PSG Soccer Camp Individual Day</p> <p>Mon Tue Wed Thu Fri</p> <p>PSG Academy Kit</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>	<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> <p>TOTAL AMOUNT</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>TOTAL CAMP FEE:</p> <p>£</p>		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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Parent/Guardian Print Name:

Parent/Guardian Signature:

Date:

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