

Parent/Guardian Print Name:

Subscription Form

PLEASE ATTACH A RECENT PHOTO

Rossall Soccer Camp 2017: Residential

PLAYER DETAILS	COURSE DATES	MEDICAL HEALTH QUESTIONNAIRE			
First name:	Please tick		YES	NO	DETAILS
Surname: Date of birth:	 □ Week 1: 9 July - 15 July □ Week 2: 16 July - 22 July □ Week 3: 23 July - 29 July 	Does the player have a medical condition or disability? Does the player have any			
Parent/Guardian AND Emergency Contact Details	☐ Week 4: 30 July - 5 August	allergies?			
Full name: Address:	PSG Soccer Camp 35 Hours PSG Coaching per week Total number of weeks:@ £900.00 per week*	Is the player taking any medication?			
Home phone number:	PSG Academy Kit Please tick one	Does the player require a special diet?			
Mobile phone number: Email address: Emergency contact name:	☐ Small Boy (8 yrs- Between 128cm -137cm) ☐ Medium Boy (9-10 yrs- Between 137cm - 147cm) ☐ Large Boy (11-12 yrs- Between 147cm -158cm)	I agree to ACCORD ISS giving the player non-prescription medicine – e.g. paracetemol/sore			
Address: How did you hear about the PSG Academy England?	☐ Extra Large Boy (13 yrs- Between 158cm - 170cm) ☐ Small Men (14 yrs- Between 170cm -175cm)	TOTAL AMOUNT Please enter the total price for each item to calculate the total amount payable.			
	☐ Medium Men (15-16 yrs- Between 175cm -	TOTAL CAMP FEE: ADDITIONAL KITS (1 Included):			£

ACCORD ISS

Parent/Guardian Signature:

Date:

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