



# PARIS SAINT-GERMAIN ACADEMY

## Subscription Form

PLEASE ATTACH A RECENT PHOTO

England

Barnard Castle 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.

PLAYER DETAILS	COURSE DATES	MEDICAL HEALTH QUESTIONNAIRE																								
First name:..... Surname: ..... Date of birth: .....	<p style="text-align: center;"><b>COURSE DATES</b> Please tick</p> <p><input type="checkbox"/> <b>Week 1: 3 July - 7 July</b></p> <p><input type="checkbox"/> <b>Week 2: 10 July - 14 July</b></p> <p><input type="checkbox"/> <b>Week 3: 17 July - 21 July</b></p> <p><input type="checkbox"/> <b>Week 4: 24 July - 28 July</b></p> <p><b>PSG Soccer Camp Full Week</b>            Mon-Fri 9.00am-5.00pm <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>            35 Hours PSG Coaching per week            Total number of weeks: .....@ £250.00 per week</p> <p><b>PSG Soccer Camp Individual Day</b>            Mon    Tue    Wed    Thu    Fri</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> Full name: ..... Address: ..... ..... Home phone number: ..... Work phone number: ..... Mobile phone number: ..... Email address: ..... Emergency contact name: ..... Address:..... ..... <p><b>How did you hear about the PSG Academy England?</b>            .....            .....</p>	<p style="text-align: center;"><b>PSG Academy Kit</b> 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>            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.            Please enter the total price for each item to calculate the total amount payable.  <b>TOTAL CAMP FEE:</b>            £</p>																								

Parent/Guardian Print Name:

Parent/Guardian Signature:

Date:

ACCORD International Summer Schools, Brook House, 64-72 Spring Gardens, Manchester, M2 2BQ, England

+44 (0)161 235 5222  [info@accord-iss.com](mailto:info@accord-iss.com) [www.accord-iss.com](http://www.accord-iss.com)