



ENGLAND

# PARIS SAINT-GERMAIN ACADEMY

## Subscription Form

Easter Soccer School

PLEASE ATTACH A RECENT PHOTO (optional)

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 LOCATION	MEDICAL HEALTH QUESTIONNAIRE																														
First name:..... Surname: ..... Date of birth: ..... <input type="checkbox"/> Male <input type="checkbox"/> Female	Please tick <input type="checkbox"/> OAKHILL SCHOOL – 3 <sup>rd</sup> April – 7 <sup>th</sup> April <input type="checkbox"/> ROSSALL SCHOOL - 3 <sup>rd</sup> April – 7 <sup>th</sup> April <input type="checkbox"/> BARNARD CASTLE SCHOOL – 10 <sup>th</sup> April – 14 <sup>th</sup> April <b>PSG Soccer Camp Full Week</b> 9.00am-5.00pm 35 Hours PSG Coaching per week £250.00 per week  <b>PSG Soccer Camp Individual Day</b> Mon    Tue    Wed    Thu    Fri <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7 Hours PSG Coaching per day Total number of days: .....@ £60.00 per day	<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> <tr> <td>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.</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				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.			
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<b>Parent/Guardian AND Emergency Contact Details</b> Full name: ..... Address:..... ..... Home phone number: ..... Work phone number: ..... Mobile phone number: ..... Email address: .....  Emergency contact name: ..... Address:..... ..... Home phone number:..... Work phone number: ..... Mobile phone number: ..... Email address: .....	<b>PSG Academy Kit</b> Please tick one <input type="checkbox"/> Small Boy (8 yrs- Between 128cm -137cm) <input type="checkbox"/> Medium Boy (9-10 yrs- Between 137cm -147cm) <input type="checkbox"/> Large Boy (11-12 yrs- Between 147cm -158cm) <input type="checkbox"/> Extra Large Boy (13 yrs- Between 158cm -170cm) <input type="checkbox"/> Small Men (14 yrs- Between 170cm -175cm) <input type="checkbox"/> Medium Men (15-16 yrs- Between 175cm -182cm) <input type="checkbox"/> Large Men (17 yrs- Between 182cm -190cm)  Additional Kits can be purchased at £35.00 per kit  <i>*Players must bring with them Football Boots, Football Trainers, Shin Pads, Water Bottle, Waterproof Jacket &amp; Sun Cream</i>	<b>TOTAL AMOUNT</b> Please enter the total price for each item to calculate the total amount payable.  TOTAL CAMP FEE: £..... ADDITIONAL KITS (1 Included): £..... <b>TOTAL PAYABLE AMOUNT:</b> £.....																														
<b>How did you hear about the PSG Academy England?</b> ..... .....																																

Parent/Guardian Print Name:

Parent/Guardian Signature:

Date: