

# 2008 Player Registration Form-Premier Sports Group International Inc.

2008 PSG Internationals-Manchester Umbro England Tour-\$2,875.00

## Payment Schedule: **Booking Deposit \$500.00**

February 28, 2008 \$500.00    April 30, 2008 \$500.00    June 15, 2008 \$375.00  
March 30, 2008 \$500.00    May 30, 2008 \$500.00

### Personal Information of Player: (Please complete one form per player)

Name of Player: \_\_\_\_\_ (Full Name as on your Passport)

Name of Current Club Team: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

(If parents also plan on attending, a form for each will need to be completed)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Birth Date of Player \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Player Email Address \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Player Shirt Size \_\_\_\_\_ Player Shorts Size \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Medication: \_\_\_\_\_ Doctor Consent to attend \_\_\_\_\_ (Note Attached)

**Payment/Deposit Information-Please include a \$500 Deposit when returning this completed Registration form. The Deposit will be applied to the Trip Payments. Please make check out to Premier Sports Group International Inc.. Please mail completed forms and deposit for EACH participant to Jan Kauble, 1140 W. Slate Ridge Drive, Canal Winchester, OH 43110**

### Emergency Contact (In the United States not on the tour)

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

### MEDICAL RELEASE:

As parent or legal guardian of (insert minor name) \_\_\_\_\_, I/We here by authorize the coaches, trainers and chaperones of Premier Sports Group International Inc. to make decisions to proceed with any critical medical or surgical treatment required for my son/daughter provided an attempt to notify me/us has first been made. I/We agree to be responsible for any costs that may be incurred as a result of treatment and care. I/We agree not to hold Premier Sports Group International Inc. and its staff liable and responsible.

**Please notify Premier Sports Group International of any medical conditions prior to date of your trip.**

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## Parent/Guardian/Sibling Attending Tour

Parent/Guardian/Sibling Name (As it appears on Passport) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency Contact (In the United States not on the tour)

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parent/Guardian/Sibling Name (As it appears on Passport) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency Contact (In the United States not on the tour)

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

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If you have any questions, please do not hesitate to email me: [jank@psgsports.com](mailto:jank@psgsports.com)