

PLEASE PRINT OUT THIS REGISTRATION FORM

Fill out completely and send with full payment to:

PSG ACADEMY NEW YORK
311 WEST 127th STREET APT 410
NEW YORK, NY 10027
Tel: 646-512-0395
zohair@psgacademyny.com

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Name (last, first):	
Birth date:/	
Address:	
City: State:	Zip:
Home phone: Wo	ork phone:
E-mail:	
Shirt size: Short size: Socks	
CAMP: Randall's Island June 23 – 27 June 30- July 4 August 18 – 22: Regular camp 5 days camp Adays camp Daily session: Monday Tuesday Wednesday Thursday Friday TUITION: \$525 /week (\$495/4 days) without transportation, transportation services are available for an additional \$75. \$150off total for two siblings, \$300 off total for three *Price includes PSG academy jersey, short, socks and awards at the end of the camp for participation to the full week of camp (4 or 5 days).	- Payments by check. Please make checks payable to PSG ACADEMY NY and include your child's name. -If you do not register your child for a full camp, (4 or 5 days) the daily session price is: \$150. -After registration there is a
WAIVER	\$150 Cancellation Fee if your child cannot attend
I/We the parent(s) of the applicant hereby give permission for my/our child to participate in the 2014 PSG ACADEMY NY program. By execution of the	camp.
application and this Agreement, I/We hereby waive, release, absolve, indemnify and agree to hold harmless to PSG ACADEMY NY program, organizers, employees, sponsors, supervisors, coaches and all other persons acting on behalf of PSG ACADEMY NY from all claims resulting from any injury sustained by my child while participating in the camp. In case of emergency, We/I further hereby give permission to the coaches, training staff or other medical professionals to provide medical care as deemed necessary to my child in case of injury or illness. I also understand and agree that pictures taken at camp may	- Please note that there is no refund once the camp has started.
be used in promotional materials.	
Parent/Guardian (please print):	
Signature of parent/guardian:	
Date:	
Med insurance Co:Policy Number:	

In case of emergency call first (Name and phone number):

Relationship to camper: