



2026 Everton International Soccer Camp Application Form

Sunday 26th July to Sunday 9th August



BROOKE HOUSE COLLEGE
Summer School

www.brookehousecollege.co.uk/summer-school

STUDENT DETAILS

| | |
|---|-----------------------|
| Surname: | First name: |
| Date of Birth: | Male or Female: |
| Nationality: | Passport number: |
| Student email address: | Student phone number: |
| Do you require a visa to travel to UK? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you need a visa? https://www.gov.uk/check-uk-visa | |
| Do you have any special medical conditions, requirements or special educational needs? Please give details below: | |
| Do you have any special dietary requirements? Please give details below: | |
| How did you hear about the Brooke House College Summer School? | |

AGENT / REPRESENTATIVE DETAILS

If you have been referred to us through an agent or representative, please provide us with full details.

| | |
|-------------------------------|-------------------|
| Agent/Representative Company: | Address: |
| Email: | Telephone number: |

FAMILY DETAILS *This will be the address used to post IELTS certificates. Please write clearly.*

| | | | |
|----------------------|--------------------------|-----------------------|--------------------------|
| Father's name: | <input type="checkbox"/> | Mother's name: | <input type="checkbox"/> |
| Home address*: | | | |
| Telephone: (Home) | | Telephone: (Business) | |
| Telephone: (Mobile)* | | | |
| Email: | | | |

*required for DHL delivery of certificates. †Please tick which person should the certificate be addressed to.

PRIVACY STATEMENT

In line with the General Data Protection Regulation May 2018, Brooke House College has produced a Privacy Statement to inform you about what information we collect and how we protect and safeguard your personal data. Please read the Privacy Statement and Retention of Documentation Policy on our website <http://www.brookehousecollege.co.uk/about/privacy>

By completing this application form and supplying the information within, you are agreeing for the college to process and store your personal data.

☐ Please tick this box to confirm that you have read our Privacy Statement and give consent for your personal data to be processed and stored.

COURSE AND ACCOMMODATION DETAILS

START DATE:

DEPARTURE DATE:

For which course would you like to register? Please tick. *(If selecting a combination of two or more courses, please indicate dates of each course on this form.)*

ACCOMMODATION

CAMPUS

DAY STUDENT

Which type of accommodation would you prefer?

Campus accommodation: Single room ☐ Twin room ☐

If twin room share with friend (write name here) _____ or share with different nationality ☐

PLEASE NOTE:

ACCOMMODATION PREFERENCES CANNOT BE GUARANTEED BUT WILL BE MATCHED AS FAR AS POSSIBLE

DATES & FEES

SUMMER SCHOOL STARTS Sunday 26th July 2026

SUMMER SCHOOL ENDS Saturday 9th August 2026

LENGTH OF STAY 1-2 weeks

| WEEKLY FEES | |
|--|--------|
| COURSE | FEE |
| High Performance Football with campus accommodation | £1,950 |
| High Performance Football without campus accommodation | £1,300 |
| | |

AIRPORT TRANSFERS

London Heathrow Airport (all Terminals): £480.00

London Stansted Airport: £420.00

East Midlands Airport: £264.00

Manchester Airport: £576.00

Market Harborough Train Station: £12.00

Birmingham Airport: £300.00

Central London (includes St. Pancras Eurostar): £480.00

Luton Airport: £384.00

London Gatwick Airport: £576.00

DECLARATION

DEPOSIT (Included in the Course Fees)

Upon receiving this application, a confirmation email and invoice for the total amount will be sent to you. A deposit of £300 is due within two weeks of receipt of said invoice. I am aware of all terms and conditions.

Parent/Guardian Signature

Print Name

Date

Please complete pre-arrival paperwork at <https://www.brookehousecollege.co.uk/summer-school/before-arrival>

TERMS & CONDITIONS

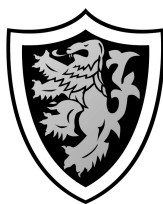
Deposit and Payment: The deposit is included in the total fees. This amount is 100% non-refundable except where a student fails in his application for a UK visa. Full fees payment is due four weeks before the beginning of the course.

Cancellations: Fees (minus the deposit) are fully refundable for cancellations made more than 3 months before the beginning of the course. Cancellations made less than 3 months but more than 8 weeks before the beginning of the course are eligible for a 50% refund. Cancellations made between 8 and 4 weeks before the beginning of the course are eligible for a 25% refund. Cancellations made less than 4 weeks before the beginning of the course are non-refundable, except where a student fails to obtain a visa. In such cases, refunds of up to 75% of the fees paid may be made at the discretion of the College.

Liability: It shall be a condition of the contract between the parties that Brooke House College shall not be in any way liable for services contracted to supply where those services become impossible to supply owing to reasons beyond the control of Brooke House College. Attendees are encouraged to purchase travel insurance to cover the unfortunate event of serious illness, accident or death relating to the student or close family member before the start of or during the course.

Course Changes: Brooke House College reserves the right to cancel or amend courses. In the event that the course for which a student has enrolled is cancelled then that student will be placed on an alternative course and/or offered a refund of all course fees.

Expulsion: Parents are supplied with course rules upon enrolment. In the event that a student seriously breaches those rules, Brooke House reserves the right to summarily dismiss that student from the course without refund. It is the responsibility of the parents to arrange (either directly or via their representative) for the student to leave the college the same day.



BROOKE HOUSE COLLEGE ENGLAND

Leicester Road, Market Harborough, Leicestershire, LE16 7AU, England

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Email: summerschool@brookehouse.com

www.brookehousecollege.co.uk/summerschool

Accredited by the
 **BRITISH
COUNCIL**
for the teaching
of English in the UK

TRINITY
COLLEGE LONDON
Registered Exam Centre 60730





Parental Consent Form

We want to make sure that your child is safe and happy while studying in the UK. To help us, we ask you (the parent or legal guardian) to complete this form for any student aged under 18 who is enrolled at Brooke House College Summer School.

Please note that the student will not be able to start the course until the form is received by the school.

Data protection

We promise to keep this information secure and will only give it to people who are directly involved in caring for your child on a need-to-know basis during the time when they are enrolled at the school; this may include healthcare and welfare professionals.

Student details

| | | |
|------------------|-----------------------|-----------------|
| First name: | Family name: | Gender: |
| Date of birth: | Nationality: | First language: |
| Passport number: | Passport expiry date: | |

Parents' or guardian's details

1.

| | | |
|------------------------|-----------------|-------------------|
| Title: | First name: | Family name: |
| Relationship to child: | First language: | Level of English: |
| Full Address: | | |
| Mobile phone: | Email: | |

2.

| | | |
|------------------------|-----------------|-------------------|
| Title: | First name: | Family name: |
| Relationship to child: | First language: | Level of English: |
| Full Address: | | |
| Mobile phone: | Email: | |

Agent Information

If you are travelling to Brooke House as part of a group, please indicate the name of the agency you are travelling with:

Accommodation

I agree to my son/daughter staying in accommodation arranged by the School. YES ☐ NO ☐

He/she understands that he/she must follow the 'school and house rules'. YES ☐ NO ☐

☐ Available in the [Summer School Student Handbook](#), at www.brookehousecollege.co.uk/summer-school/before-arrival

If your son/daughter is staying with family members or is in accommodation arranged by yourself, please give full details:

Name of responsible adult in the accommodation:

Date of birth:

Relationship to the child:

Full Address:

Mobile phone:

Email:

Leisure activities

I give permission for my son/daughter to go on any trips organised by the school and to take part in these activities, under supervision by Summer School Staff or where applicable qualified instructors:

Ball Games / Sports YES ☐ NO ☐

Swimming and water related sports YES ☐ NO ☐

Canoeing/ Kayaking YES ☐ NO ☐

Adventure sports (High Ropes, Rock-Climbing, Abseiling, Go Karting etc.) YES ☐ NO ☐

Horse-riding YES ☐ NO ☐

Ice-skating YES ☐ NO ☐

Unsupervised time

I give permission for my son/daughter (if 14+) to have free time for shopping on trips arranged by the school. YES ☐ NO ☐

I give permission for my son/daughter to have unsupervised free time (if in groups of 3 or more students) in Market Harborough during lunch and evening meal. YES ☐ NO ☐

Medical

Please tell us about any problems. If we are not told in advance about a physical or mental condition, we reserve the right to terminate the student's course.

Does your son/daughter have:

- | | |
|---|--|
| ■ Asthma or bronchitis | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ■ Heart condition | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ■ Fits, fainting or blackouts | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ■ Severe headaches | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ■ Diabetes | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ■ Allergies to known medicines | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ■ Other allergies e.g. materials, food, plasters | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ■ Travel sickness | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ■ Bed-wetting/incontinence | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| ■ Any mental health problems (including eating disorders, hyperactivity)? | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Is your son/daughter on regular medication? YES ☐ NO ☐

Does your son/daughter require regular hospital treatment? YES ☐ NO ☐

Does your son/daughter take any medication which he/she will bring with him/her? YES ☐ NO ☐

Is there anything else we should know about? YES ☐ NO ☐

If the answer to any of the questions above is YES, please give details (please continue on an additional sheet, if required):

In case of minor pain or illness such as headache, mild cold or sore throat, do you agree to your son/daughter being given non-prescription medication such as Paracetamol, cough medicine, throat pastilles, antihistamine, or travel sickness tablets? YES ☐ NO ☐

In case of an emergency do you give permission for a responsible person from Brooke House College Summer School to arrange medical treatment. YES ☐ NO ☐
Of course, every effort will be made to contact you, the child's parents/guardians, as quickly as possible.

Attendance

Students are expected to attend all scheduled classes and activities and to be in their accommodation at the stated times. If you wish your child to be absent from the course at any time, please contact the school directly so that suitable arrangements can be made.

Photographs and video clips

I understand that the school may take photographs or video clips of students during class or leisure activities and that these images may be used in the school's publicity or on its social media site.

I consent for images to be taken.

YES ☐ NO ☐

I consent for images to be used in the school's publicity.

YES ☐ NO ☐

- Brochure

YES ☐ NO ☐

- Internal Noticeboards / Classwork

YES ☐ NO ☐

- Social Media

YES ☐ NO ☐

- Website

YES ☐ NO ☐

Consent

I confirm that the above details are accurate and complete.

I have discussed the agreed arrangements and rules with my son/daughter.

Name of the parent/guardian 1:

Signature of the parent/guardian 1:

Name of the parent/guardian 2:

Signature of the parent/guardian 2:

I have discussed the agreed arrangements and rules with my parent/guardian.

Name of the student:

Signature of the student:

PLEASE NOTE

Should any of the information provided above change prior to your child's arrival, it is the responsibility of the parent/guardian to notify the college promptly.