



SCHOOL HOLIDAY COACHING CLINIC JULY 2008



PLAY FOOTBALL ON THE HOLIDAYS!

SAMFORD RANGERS FOOTBALL CLUB

MONDAY 7TH JULY - FRIDAY 11TH JULY 2008
ALL AGE GROUPS 1:30PM - 4:30PM
HIGHVALE CRICKET GROUND, MT GLORIOUS ROAD, HIGHVALE
APPLICATIONS CLOSE WEDNESDAY 18 JUNE 2008

TOTAL COST (Includes GST) :
\$80 includes 15 hours Coaching and a **Club Cap or Beanie**. Comprehensive programs for Coaching designed to accommodate all age groups. **Family Discounts available:**
2 children \$130 / 3 children \$165

THINGS TO BRING :
Ball ▪ Shin Pads ▪ Hat ▪ Sunscreen ▪ Water Bottle

Each Player to bring their own Football

TOP CLASS COACHING :
By qualified and understanding coaching staff.

CAP OR BEANIE INCLUDED!



For more information contact **Garry Bromfield**, Director of Coaching on **3289 2764** or **doc@samfordfootball.org.au**



Disclaimer
To be completed by parent/guardian

I.....being the parent/guardian of

.....(herein called 'The Player') hereby agree that in consideration of the acceptance of registration of the Player to participate in the coaching clinic being organised by the Samford Sporting Association and held at Highvale Cricket Ground, Highvale on July 7th, 8th, 9th, 10th and 11th 2008, that no member of your committee or any other officer, employee, agent, coach or team manager or any other person having the care or control of the Player shall be liable for damages for any injury suffered by the Player while the Player is engaged in playing, training or preparing for the clinic.

Further, I agree to indemnify Football Queensland / Football Brisbane and any or all of its employees, agents, coaches, managers against all liability for damages arising out of or in connection with any injury suffered by the Player while he / she is participating in the abovementioned clinic.

Dated thisDay of.....2008.

Parent/Guardian

Signature

Name (Please print)

Completed form and cheque (payable to "Samford Sporting Association") can be left in the letterbox slot in the front wall of the Clubhouse, Richards Road or posted to PO Box 85 Samford Qld 4520. EFTPOS/Cash payments to the Canteen or Sports Shop. Direct bank deposit upon request.

Player's name: _____

Age: _____ Date of birth: _____

Street: _____

Suburb: _____ Postcode: _____

Phone: _____ Emergency phone: _____

My child has the following medical condition/s and/or allergies :

Club: _____ Team: _____

*** The parent/guardian signing this form understands that personal insurance is their responsibility**

Each player to please bring along their own football