



SCHOOL HOLIDAY COACHING CLINIC JULY 2009



PLAY FOOTBALL ON THE HOLIDAYS!

SAMFORD RANGERS FOOTBALL CLUB

MONDAY 29TH JUNE - FRIDAY 3RD JULY 2009

AGES U6 TO U11

1:30PM - 4:30PM

HAROLD BROWN PARK, RICHARDS ROAD, SAMFORD

APPLICATIONS CLOSE WEDNESDAY 24 JUNE 2009

TOTAL COST (Includes GST) :
\$90 includes 15 hours Coaching.
Comprehensive programs for Coaching
designed to accommodate all age groups.
Family Discounts available:
2 children \$140 / 3 children \$185

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.
For more information contact **Will Alan**, Director of Football on **0458 910 979** or **dof@samfordfootball.org.au**

FULL CANTEEN FACILITIES



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 Harold Brown Park, Samford on June 29th, - July 3rd, 2009, 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.....2009.

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**

Office Use Only: Date Payment Received: __/__/09 Payment Method (circle one): Chq # _____ EFT # _____ Cash