

Perth Netball Association (Inc) Junior Umpiring Course 2010 April School Holidays



Time: 9.30am-11.30am

Clinic 1: 6th, 7th, 8th April (Tues-Thurs)

Clinic 1: Registrations close Friday 2nd April

Clinic 2: 13th, 14th, 15th April (Tues-Thurs)

Clinic 2: Registrations close Friday 9th April

**VENUE—MATTHEWS' NETBALL CENTRE
Selby Street (Cnr Salvado Rd), Wembley**

Clinic Fee: \$55.00

**Cheque payable to: Perth Netball Association (Inc)
Post form and cheque to: PO Box 25, Wembley 6913**

Program

- Technical & practical applications of Junior Umpiring
- Rules Discussion
- Participant Work Manual
- On-court umpiring
- Encourage young people in umpiring
- Certificate on completion of course

You will need to bring -

- Drink Bottle
- Suitable clothing e.g. sport shoes
- Notepad and pen

Available on the day

Rule Book - \$12

Basic Fingergrip Whistle - \$8

Acme Thunderer Fingergrip Whistle \$22

(recommended for committed & squad umpires)

- No receipts posted out. Once forms is received at Office then you are definitely in and will not be contacted again.
- **Parking in lower carpark only - entry off Selby St.** Parents must collect children from lower car park or from the main hall after each session.
- Refunds will only be considered for injury/illness where more than 24 hrs notice is given prior to the start of clinic – less \$5.00 cancellation fee.
- **All participants must be an affiliated member with Netball WA in 2010. If you are playing at Matthews' Netball Centre in 2010, then you pay your affiliation fee to your club. However, if you are not a player then a cost of \$70 is needed to become affiliated (can be paid for on the first day). Membership number must be included on this registration form and is the same as previous years.**

For more information contact:

Carol Watson (Umpiring Development Co-ordinator)

Home Number 9276 7136

Mobile Number 0409 110319

Return this sheet with your payment to:

Perth Netball Association (Inc)
JUMP CLINIC
PO Box 25, Wembley 6913

Parental Permission is required as participant is under 18 years.

I give permission for my child to participate in all activities of this program and to receive any medical attention as required.

Any special medical needs of your child _____

I give permission for Perth Netball Association to add my child's name and phone number to an umpiring contact list which is distributed to clubs and schools who are participating in the Sub-Junior competition.

Yes

No

Participant's Name: _____

Address: _____

_____ P/C _____

Netball Club: _____

Netball WA Membership Number: _____ (if known)

Date of Birth: _____

Parents Name _____ Day time Contact No _____

Signature _____

Which clinic are you attending?

Clinic 1: 6th, 7th, 8th April 2010

Clinic 2: 13th, 14th, 15th April 2010