



# PERTH NETBALL ASSOCIATION (INC)

## PRIMARY SCHOOL COACHING CLINIC

### April School Holidays

Come and join in three sessions of fun and fitness. Each group of ten players has their own coach for the three days.

- WHEN:** Tuesday/Wednesday/Thursday  
6<sup>th</sup> - 8<sup>th</sup> April 2010
- WHERE:** Matthews' Netball Centre - 211 Salvado Rd, Wembley 6014  
To be held **OUTDOORS** - in all weather conditions
- TIME:** 9.30am-12.00 noon each day (please arrive 15 min early on first day)
- COST:** \$55 (incl GST) per player  
\$85 (incl GST) for TWO players from same family
- AGE:** turning 8-12 yrs old inclusive, in 2010
- BRING:** Morning tea, drink, wet weather gear & change of clothes, warm jacket, sport shoes.
- CLOSING DATE:** Tuesday 30<sup>th</sup> March 2010, 3pm

- **No Receipts posted out.** Once forms are received then you have been registered and will not be contacted. Please make cheque payable to Perth Netball Association (Inc) PO Box 25, Wembley 6913. For enquiries Ph: 9387 7011. You will only be contacted if clinic is full.
- 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.
- Parking in lower car park only - entry off Selby Street. Parents must collect children from lower car park or from the main hall after each session.

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**PERTH NETBALL ASSOCIATION (INC)**  
**PRIMARY SCHOOL COACHING CLINIC- REGISTRATION FORM**

(separate form for each child)

CHILD'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Suburb: \_\_\_\_\_ P/C: \_\_\_\_\_

DOB: \_\_\_\_\_ YEAR AT SCHOOL: \_\_\_\_\_ Have you played netball before: Yes  No   
Are you playing Netta this year: Yes  No   
Are you playing Sub Junior this year: Yes  No

EMERGENCY CONTACT - must be filled in by parent or guardian:

CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ANY ALLERGIES/MEDICAL NEEDS: \_\_\_\_\_

ENCLOSED AMOUNT - please circle: \$55 (one) \$85 (two)

My signature below indicates that I absolve the Perth Netball Association (Inc) for any injuries which may occur during the clinic. FULL care will be taken throughout the three days and First Aid personnel will be in attendance throughout the clinic.

Signature: \_\_\_\_\_