TY CLINICS 2016 July School Holidays



Specialist Coaching Clinics & School Holiday Fun

For Boys and Girls. Full coaching & instruction provided. Venue: Kingsley Reserve, Kingsley

Pre-Primary - Yr 6's LIONS



FOOTY TEAM SPECIAL

1 Day Clinic Wednesday 13th July

normally \$75.00

8.30am - 12.30pm

We are pleased to offer a special 'teams' discount for Subjaco District Junior Teams & will ensure players from your team are grouped together!

Register 5 or more Players from the same team & receive \$10.00 off per participant (only \$65.00).

Registrations must be received on the application form supplied.



Morning Tea and Drinks Provided

Great Prizes to Win **MEET YOUR** FOOTY HEROES!

HOLIDAY CLINIC PACK

All participants will receive a Subiaco Lions Back Pack including compressed towel, water bottle & give-a-ways (value over \$50.00)

FOR MORE INFORMATION PHONE (08) 9208-9990 REGISTER INDIVIDUALS ONLINE at www.lionsdistrict.com.au

CLINICS 2016







DECLARATION: In registering my child, I as parent/guardian, in the event of an accident or illness suffered by my child, authorise the organisers to obtain, on my behalf, such medical assistance as my child may require. Organisers will not be liable for loss, damage or injury, to property or person, occasioned as a consequence of enrolment of any child or children in any Subiaco Football Club, Subiaco Football District or WA Football Commission Programs, and I acknowledge the exclusion of liability accordingly.

In addition I agree to the following:

1) I give permission for my child to be photographed whilst participating in this program and understand that images may be used for future program marketing material. 2) No refunds will be issued for non-attendance. 3) Any clothing size requests are not guaranteed and will be used as a guide only.

Team Name:	Yr Group:	_ Club:
Name of child	Emergency Contact Name	Emergency Contact Number
Email Address	Medical Condition	Parent Inititals (Agreeing to Declaration)
Name of child	Emergency Contact Name	Emergency Contact Number
Email Address	Medical Condition	ns Parent Inititals (Agreeing to Declaration)
Name of child	Emergency Contact Name	Emergency Contact Number
Email Address	Medical Condition	Parent Inititals (Agreeing to Declaration)
Name of child	Emergency Contact Name	Emergency Contact Number
Email Address	Medical Condition	Parent Inititals (Agreeing to Declaration)
Name of child	Emergency Contact Name	Emergency Contact Number
		0 ,
Email Address	Medical Condition	Parent Initials (Agreeing to Declaration)
Please note: if registering more than 5 players please attach duplicate registration forms. Only one payment form is required. This application form in a teams registration form only and is only suitable when registering five or more players from the same team. Individual registrations should be complete online at www.lionsdistrict.com.au		
DATE: PAYMENT METHOD: CASH / CHEQUE / CREDIT		
TOTAL \$: (includes GST)		
CARD No: /	_/	EXP DATE: /
NAME ON CARD: SIGNED:		