# **FOOTY CLINICS 2016**

**July School Holidays** 





### Specialist Coaching Clinics & School Holiday Fun

at HBF Arena, home of the West Perth Football Club For Boys and Girls. Full coaching & instruction provided.

#### Pre-Primary - Yr 6's PALCONS



#### FOOTY TEAM SPECIAL

1 Day Clinic Monday 11th July normally \$75.00 8.30am - 12.30pm

We are pleased to offer a special 'teams' discount for Falcons 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 Falcons Training Pack including sports towel, water bottle, training bag & 9 News give-a-ways (value over \$50.00)

FOR MORE INFORMATION PHONE (08) 9300-3611 REGISTER INDIVIDUALS ONLINE at www.falconsdistrict.com.au

## FOOTY CLINICS 2016

3) Any clothing size requests are not guaranteed and will be used as a guide only.





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 West Perth Football Club, West Perth 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) Refunds cannot be granted for any reason and will not be issued for non-attendance.

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	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
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Name of child	Emergency Contact Name	Emergency Contact Number
Name of Ciniu	Emergency Contact Name	Emergency Contact Number
Email Address	Medical Condition	Parent Inititals (Agreeing to Declaration)
		(rigiding to Decimation)
	I un 5 players please attach duplicate registration forms. Only one payn	
This application form in a teams registration form only and is only suitable whe	n registering five or more players from the same team. Individual reg	istrations should be complete online at www.falconsdistrict.com.au
DATE: PA	YMENT METHOD: CAS	H / CHEQUE / CREDIT
TOTAL \$:	(includes GST)	
CARD No: /	/	EXP DATE: /
NAME ON CARD:	SIGNED:	