FALCONS FOOTYCLINICS 2017 FALCONS DYSTRUCT "Growing our Great Game"



Specialist Coaching Clinics & School Holiday Fun

at HBF Arena, home of the West Perth Football Club For Boys and Girls.

Pre-Primary - Yr 6's - 1 Day Clinic on Wednesday 12th July 8.30am - 12.30pm

FOOTY TEAM SPECIAL - only \$65.00

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

Registrations must be received on the application form supplied.





Morning Tea and Drinks Provided Great Prizes to Win

MEET YOUR FOOTY HEROES!

INCLUDES WEST PERTH GUERNSEY

All participants will receive a Falcons Replica playing guernsey. Sizes are limited and will be allocated on a first-come basis (value over \$50.00)



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



DECLARATION: In registering my child, 1 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. 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 Medical Conditions** Jumper Size (6, 8, 12, 14, XS, S, M) Email Address (Agreeing to Declaration) Name of child Emergency Contact Name Emergency Contact Number Jumper Size (6, 8, 12, 14, XS, S, M) Email Address **Medical Conditions** Parent Inititals Name of child Emergency Contact Name Emergency Contact Number Email Address **Medical Conditions** Jumper Size (6, 8, 12, 14, XS, S, M) Parent Inititals Name of child Emergency Contact Name Emergency Contact Number Medical Conditions Jumper Size (6, 8, 12, 14, XS, S, M) Email Address Parent Inititals Name of child Emergency Contact Name Emergency Contact Number Email Address **Medical Conditions** Jumper Size (6, 8, 12, 14, XS, S, M) Parent Inititals 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.falconsdistrict.com.au _____ PAYMENT METHOD: CASH / CHEQUE / CREDIT DATE: TOTAL \$:_____ (includes GST) CARD No: _ _ _ /_ _ /_ _ _ /_ _ EXP DATE: _ /_ CCV _ _ _ NAME ON CARD: _____ SIGNED: _____ BEST CONTACT NUMBER:

(in case of payment issues)