HOCKEY COACHING CLINIC

JULY SCHOOL HOLIDAYS 2016

July 11th – 15th
9am – 12 noon daily

The aim of this popular clinic is to encourage skills and knowledge of the game of hockey in a fun environment. Open to boys and girls aged 7 to 14 years of age of all abilities from all clubs and schools.

Venue: Adelaide Hockey Club. Artificial Surface (corner Greenhill and King William Roads)

Beginners Welcome

Coaching Clinic Coordinators:

<table>
<thead>
<tr>
<th>JAIMIE HOLLAND</th>
<th>MARTY ROBERTS</th>
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</thead>
<tbody>
<tr>
<td>Experienced Goalkeeper &amp; Junior Coach</td>
<td>Experienced State League and Junior Coach</td>
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<tr>
<td>Jillaroos and SASI Goalkeeper Coach</td>
<td>Premier League Men’s Coach of the Year</td>
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<td>Hockey SA Head Goalkeeper Coach</td>
<td>Hockey SA Development Coach</td>
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Clinic coaches will also include several ex-international players, along with current SASI and state hockey players

DAILY ENCOURAGEMENT & ACHIEVEMENT AWARDS

Cost: $45 per morning or full week booking $200

Participants must pre-register (2013, 2014 & 2015 Clinics Booked out!)

Bookings close on Friday, July 1st

Please find the registration form overleaf

Phone enquiries: Jaimie Holland: 0417 821 068   Email enquiries: wandjholland@bigpond.com
Please complete all sections on this form and return to:

J Holland,
3 Broughton St
Glenside SA 5065

or:
wandjholland@bigpond.com

No payment to be sent with Registration Form. Applicants will receive payment details when confirmation of Registration Form is sent out.

CHILD 1:
Name: ____________________________ Male ☐ Female ☐ Age: _______
School: __________________ Club: ____________ Ability level: beginner ☐ intermediate ☐ advanced ☐

Tick if applicable: FULL WEEK ☐ Goalkeeper (must supply own goalkeeping equipment) ☐

OR PLEASE TICK THE DAYS YOU WOULD LIKE TO ATTEND

Monday Passing & Receiving ☐ Tuesday Goal scoring ☐
Wednesday Tackling ☐ Thursday Dribbling Skills ☐
Friday Modified Matches ☐

Please list the names of any friends attending the clinic who you would like to be grouped with. All efforts will be made to do so with priority being given to players of similar age and ability (and the same gender)

_______________________________

CHILD 2:
Name: ____________________________ Male ☐ Female ☐ Age: _______
School: __________________ Club: ____________ Ability level: beginner ☐ intermediate ☐ advanced ☐

Tick if applicable: FULL WEEK ☐ Goalkeeper (must supply own goalkeeping equipment) ☐

OR PLEASE TICK THE DAYS YOU WOULD LIKE TO ATTEND

Monday Passing & Receiving ☐ Tuesday Goal scoring ☐
Wednesday Tackling ☐ Thursday Dribbling Skills ☐
Friday Modified Matches ☐

Please list the names of any friends attending the clinic who you would like to be grouped with. All efforts will be made to do so with priority being given to players of similar age and ability (and the same gender)

_______________________________

CONSENT: I, (Parent/Caregiver) give consent for to attend the School Holiday Coaching Clinic. I am aware that safety precautions will be taken to prevent injuries. Participants will not be allowed on the pitch without shin guards and mouth guard. (The Senior coaches have current First Aid Accreditation). In the unlikely event of injuries occurring during the clinic, I understand that the coaches cannot be held responsible.

Parent/Caregiver Signature: ____________________________ Date: ____________ Name: ____________________________
Address: ____________________________ Post Code: ____________ Phone (home): ________ (mobile): ________ Email address (please print clearly): ____________________________

Please inform us in the space below of any medical problems / medication required by your child, eg asthma, allergies (including food allergies). Attach medical plan to this form if necessary.

________________________________________________________________________________________

You will receive email confirmation of registration prior to the clinic