DOTYCLINICS2 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

We are pleased to offer a special 'teams' discount for Subiaco District Junior Teams.

Wednesday 15th July normally \$75.00

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

8.30am - 12.30pm

Registrations must be received on the application form supplied Teams will guaranteed placement together on the day



Morning Tea and **Drinks Provided Great Prizes to Win** MEET YOUR FOOTY HEROES!

In addition all participants will receive a Replica Subiaco Football Club Jumper (value over \$50.00)



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

Subjaco Lions Footy CLINICS 2015



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:	1r Group:	_ Club:
Name of child	Emergency Contact Name	Emergency Contact Number
Email Address	Medical Conditions	Shirt Parent Inititals Size (Agreeing to Declaration)
Name of child	Emergency Contact Name	Emergency Contact Number
Email Address	Medical Conditions	Shirt Parent Inititals (Agreeing to Declaration)
Name of child	Emergency Contact Name	Emergency Contact Number
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Email Address	Medical Conditions	Shirt Parent Inititals Size (Agreeing to Declaration)
Please note; if registering n	nore than 5 players please attach duplicate registration forms. Only one payn	nent form is required.
DATE:	PAYMENT METHOD: CAS	H / CHEQUE / CREDIT
TOTAL \$:		
CARD No: /	_/	EXP DATE: /
NAME ON CARD:	SIGNED:	