SOCCER DEVELOPMENT CLINICS

2018 WINTER HOLIDAYS

NORTHERN TABLELANDS





INCLUSIONS

All participants receive a quality soccer ball to take home with them.

BOOKINGS CLOSE

Bookings close on

Wednesday 11th July 2018.

AGE GROUPS

- Juniors 5 to 8 years (born 2013 to 2010)
- Youth 9 to 12 years (born 2009 to 2006)

The Northern Inland Football Zone, will run a number of Soccer Development Clinics for boys and girls during the 2018 winter school holidays.

Delivered by FFA qualified coaches, each clinic helps participants develop and/or enhance their:

- Ball skills
- Offensive and defensive skills
- Positional skills
- Game knowledge.

AGES	LOCATION	DATE/S	TIME	COST
Juniors	Tenterfield	16 July	8:30am to 11:30am	\$50
Youth	Tenterfield	16 July	8:30am to 11:30am	\$50
Juniors	Glen Innes	16 July	1:30pm to 4:30pm \$50	
Youth	Glen Innes	16 July	1:30pm to 4:30pm	\$50
Juniors	Armidale	17&18July	9am to 12 noon \$90 (both days)	
Youth	Armidale	17&18 July	1pm to 4pm (both days)	\$90
Juniors	Tamworth	19& 20 July	9am to 12 noon \$90 (both days)	
Youth	Tamworth	19&20 July	1pm to 4pm (both days)	\$90

Book Now! Places are limited Enroll online at:

www.northerninlandfootball.com.au

Enrolment form

Program information		
Program name	Venue	Program date(s)
Soccer Development Clinic 2018		
Participant information		
Name		Date of birth
		Male Fem
Address		DI.
		Phone
Postcode		Work/mobile
Email address		
Please provide details of any medical conditions, allergies or disabili	ties that may affect your	participation in this program
Dormant information		
Payment information		
Account Name: Northern Inland Football		
B.S.B: <i>932 000</i> Account Number: <i>622458</i> S3.2		
Reference: Childs First Initial + Surname + 1 st 3 letters of clinic lo	cation ie. JSmithTa	ìm
Risk Warning and Media Consent		
Strike out whichever does not apply: I agree for my child/ward to attend the program and to undertake all		
activities and/or to participate in the above program. In the case of an emergency, I authorise NIFootball staff, where it is impracticable to communicate with me, to	Refunds and can	
arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse	-	ust be made within seven (7) working days ement of the program in which you are
costs which may be incurred for medical attention, ambulance transport and drugs while my child/ward is attending the Centre/enrolled in the program.	-	must be made in writing. All refunds are tion fee of 20 per cent of the total
I understand that although NIFootball and its service providers attempt to		will not be given for partial attendance, nor
minimize any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge	-	e provided. Refunds will be paid at the gram. NIFootball reserves the right to
that there is an inherent risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program and I accept that risk.	cancel any program/s.	Every effort will be made to give
Please tick whichever applies to you:		ose who have enrolled when a program is lled will be given a full refund if program
☐ I consent / ☐ I do not consent to allow the NIFootball to use any photographs, sound and film recordings taken of my child/my ward at this	is cancelled by Northe	
program for the promotion of NIFootball and initiatives to the media and to the general public.		
Full name ☐ Parent ☐ Guardian (please tick)		
G: .	Direct Depo	osit Receipt Number:
Signature Date	Date Paid:	
	Amount Pai	id:
Return this form to: Northern Inland Football POBox1141	Reference:	

 $or\ Email\ to\ coaching@northerninlandfootball.com. au$

Tamworth NSW 2340