**2 DAY FOOTBALL CAMP**

**When:** Tuesday 22nd September until Wednesday 23rd of September, 2015

**Time:** Start 9.00am – 3.00pm

**Where:** Walker Park, Mitcham

**Address**:Whitehorse Road Mitcham, 48 H9

The program will run for 2 days and have a focus on fun football activities and small sided games, ensuring all participants learn the basic skills, get plenty of touches and have lots of fun.

**FORMAT:**

|  |  |
| --- | --- |
| **TIME** | **Skill Development** |
| **9.00am**  **9.30am** | **Registration** |
| **9.30am**  **11.00am** | **Evasive Running, Hand Passing & Kicking** |
| **11.00am 12.00pm** | **Goal Kicking & Challenge Games** |
| **12.00pm**  **1.00pm** | **Lunch** |
| **1.00pm**  **3.00pm** | **Round Robin Lighting Cup** |

For enquiries please call **Chris Hoegel** on 0401 841 878 **or** Email – chrishoegel@kellysports.com.au

**WHO CAN ATTEND?** Boys & Girls from 6 -12 years of age are all welcome , get in quick though as limited places available

**WHAT DO YOU NEED TO BRING?** Boots or Sneakers, drink bottle, snack & Appropriate Football apparel. Packed Lunch Day 1 and **pizzas provided day 2**

**PROGRAM ACTIVITIES**

The Program hours of operation are 9.30am – 3.00pm. Registration 9.00- 9.30 am each morning.

All activities will be available to children of all age groups. At times, children will be grouped accordingly to allow the efficient operation of the activity but all children will have the opportunity to participate.



FOOTBALL CLINIC ENROLMENT FORM

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name: |  | School |  |
| Club: |  | Year / Grade: ­­­­­­­­­­­­­­­­­­­­ |  |
| Address: |  | Suburb |  |
| Parental Contact |  | Phone (H) |  |
| Phone (M) |  | Phone (W) |  |
| Email |  |  |  |

**ATTENDING:**

|  |  |
| --- | --- |
| Tuesday 22nd September [ ] Wednesday 23rd September [ ] |  |

**CONSENT FORM**

I authorise you acting through the staff and employees of Kelly Sports in the event of any accident or illness to my child, to take all such steps as may in your opinion be necessary for the proper treatment and care of my child and should you be advised by a duly qualified and registered medical practitioner that it is necessary to authorise a general anaesthetic. I also agree to reimburse Kelly Sports all expenses incurred to these ends, by payment to you on the production by you of evidence of having incurred such expenses.

|  |  |
| --- | --- |
| Signed |  |

Please list any other details you consider relevant concerning your child’s enrolment.

|  |
| --- |
|  |

**PAYMENT** Kelly Sports are a registered child care provider.

|  |  |  |  |
| --- | --- | --- | --- |
| $60 per day or  **$100 for both days!!!!** |  |  |  |

**Simply go to** [**WWW.KELLYSPORTS.COM.AU**](http://WWW.KELLYSPORTS.COM.AU) **enter your postcode and enrol from there or complete this form for each child who will be attending the Football Program and send payment details or cheque to: KELLY SPORTS, P.O BOX 71 MOONEE VALE, VIC 3055.**

**Or Email:** [**chrishoegel@kellysports.com.au**](mailto:chrishoegel@kellysports.com.au)

□ **Visa** □ **MasterCard**

Card Number: □□□□ □□□□ □□□□ □□□□Expiry Date: □□/□□CVV:□□□

AMOUNT: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_