

2011 NSW Swift SUPER Clinic



Registration Form

Thanks to the NSW Swifts, you have the chance to be coached by the stars of our game.

Participants receive:

- Coaching session three hours (see specific dates and times below)
- Opportunity to meet a NSW Swifts player or 2
- Opportunity to get your photo with NSW Swifts player and an autograph
- NSW Swifts poster
- A goodie bag of items courtesy of the NSW Swifts will be provided

Cost: \$40

*Participants must be between the ages of 8 - 15 years.

*Please note that there is a maximum of 80 participants per clinic, i.e. first in, best dressed.

What to bring:

A netball, packed lunch and snack, drink bottle with water/hydration, sunscreen & a hat

Please circle the clinic for which you are registering:

Fairfield

Date: 5 March 2011

Venue: Endeavour Reserve, Maud St Fairfield West

Start time: 8:30am registration for a 9:00am start

Finish time: 12:00pm

Age group: 8-15 years old (in 2011)

Registrations close: 25 February 2011

Bankstown

Date: 6 March

Venue: Deverall Park, Yanderra St Condell Park

Start time: 8:30am registration for a 9:00am start

Finish time: 12:00pm

Age group: 8-15 years old (in 2011)

Registrations close: 25 February 2011

Northern Suburbs

Date: 3 April

Venue: Bicentennial Reserve, Willoughby

Start time: 8:30am registration for a 9:00am start

Finish time: 12:00pm

Age group: 8-15 years old (in 2011)

Registrations close: 25 March 2011

Charlestown

Date: 29 May

Venue: Charlestown Netball Association, Bula St Charlestown

Start time: 9:30am registration for a 10:00am start

Finish time: 1:00pm

Age group: 8-15 years old (in 2011)

Registrations close: 6 May 2011

Name: _____ AGE: _____ D.O.B: ____ / ____ / ____

Address: _____ Postcode: _____

Phone: (h) _____ (m) _____ Email: _____

Medical history: _____

Payment method

Credit Card: ☐ Visa ☐ Mastercard

Card Name: _____ Expiry: _____

Card Number: _____

Amount: **\$40**

****By signing this registration form, I give permission for my son / daughter to participate in the Swifts Super Clinic and to be administered medical treatment if required.**

Parent/Guardian name: _____ Parent contact number: _____

Signed: _____ Date: ____ / ____ / ____

Registration forms must be returned to: Amy Quirk, Netball NSW, PO Box 396, LIDCOMBE NSW 1825,

Fax: (02) 99515099 or aquirk@netballnsw.com

It is essential to receive confirmation from Netball NSW that you have been accepted into the clinic.