



**VICTORIAN
NETBALL
LEAGUE**



School Holiday Netball Clinic

North East Blaze is giving you the opportunity to participate in a clinic ran by our highly qualified coaching staff and a number of Championship and Division 1 players.

Ages: 7 - 11 and 12 – 15

Specialist Coaching lead by Nigel Maloney

(Elite Netball Coach, Championship Team Head Coach, North East Zone Academy Head Coach)

When: Wednesday 26th of September 2012

Time: There are two session times depending on your child's age:
Session 1: 9.30am – 11:30am Participants aged 7-11 years inclusive (Registration: 9:10am)
Session 2: 12.00pm – 2:00pm Participants aged 12-15 years inclusive (Registration: 11.40am)

Cost: \$20.00 per participant, participants can attend one session only.

Notes: Confirmation will be emailed to all applicants. *A maximum of 80 participants will be accepted for each session.* To avoid disappointment please ensure registrations are mailed and received ASAP. Registrations will not be accepted on the day. Participants should wear training gear and bring their own drink bottle.

Where: *Roy Robson Stadium
Bentinck St, Wallan*

Registration: Complete the Registration form below and post to:
North East Blaze, 63 Broadford Cres, Macleod, 3085.

Payment: After registration has been processed, a confirmation will be sent via email and then payment can be made in one of the preferred options outlined. If paying cash, credit or cheque – please bring on the day. EFT Payments can be made, prior to the day, once confirmation is sent.

For further Information contact Jo on 0407 101 711
www.northeastblazenetball.com.au for Registration Forms



Devine





**VICTORIAN
NETBALL
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AIA: A0052096T

ABN: 99 598 003 981

PO BOX 235

DIAMOND CREEK 3089

Email: info@northeastblazenetball.com.au

Web: www.northeastblazenetball.com.au

Participant Details

I wish to attend (tick one):

☐ Session 1: 9.30am-11.30am (7-11 years)

☐ Session 2: 12.00pm-2.00pm (12-15 years)

Participant Name:		Phone:	
Address:		Postcode:	
Email:		Date of Birth:	
Emergency Contact Person:		Contact Phone:	
Please list any existing medical conditions, injuries or allergies:			

Payment Details

EFT Payment:

EFT Account Name: North East Blaze Netball Club Inc

EFT payments: Blaze School Holiday Clinic

BSB Number: 633 000

Account Number: 134605419

Cheque Payment:

Please make any cheques payable to North East Blaze Netball Club

Credit Card Payment:

Will incur a \$2 transaction fee

Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
Card Number:		Security Code:	
Cardholder Name:		Expiry:	
Cardholder Signature:			

Consent: I understand that netball is a limited contact sport and that there is a risk of injury involved in participating. I authorize any official from North East Blaze Netball Club in charge of the clinic, in the event of any injury or illness, to obtain on my behalf and at my expense any medical assistance, treatment and transportation as deemed necessary.

Indemnity: Except where provided or required by law and such cannot be excluded, I agree that North East Blaze Netball Club and its respective directors, officials, members, servants or agents are absolved from all liability however arising from injury or damage to me, however caused arising whilst participating in the clinic.

All children participating in the netball clinic MUST be accompanied by a supervising adult throughout the duration of the clinic.

I have read, understood and agree to the above terms and I personally consent to the application of my child. I warrant that all information provided is true and correct.

Signed (parent/legal guardian): _____ Date: _____

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