

Proudly sponsored by HOCKEYWORLD, 36 Sturt Street, Adelaide



Now in its  
21<sup>st</sup> year!!!

## HOCKEY COACHING CLINIC

JULY SCHOOL HOLIDAYS 2016

July 11th – 15th

9am – 12 noon daily

The aim of this popular clinic is to encourage skills and knowledge of the game of hockey in a fun environment. Open to boys and girls aged 7 to 14 years of age of all abilities from all clubs and schools.

Venue: Adelaide Hockey Club. Artificial Surface (corner Greenhill and King William Roads)



**Beginners Welcome**



Coaching Clinic Coordinators:

### JAIMIE HOLLAND

Experienced Goalkeeper & Junior Coach  
Jillaroos and SASI Goalkeeper Coach  
Hockey SA Head Goalkeeper Coach

### MARTY ROBERTS

Experienced State League and Junior Coach  
Premier League Men's Coach of the Year  
Hockey SA Development Coach

Clinic coaches will also include several ex-international players, along with current SASI and state hockey players

*DAILY ENCOURAGEMENT & ACHIEVEMENT AWARDS*

**Cost: \$45 per morning or full week booking \$200**

**Participants must pre-register (2013, 2014 & 2015 Clinics Booked out!)**

**Bookings close on Friday, July 1<sup>st</sup>**

**Please find the registration form overleaf**

Phone enquiries: Jaimie Holland: 0417 821 068 Email enquiries: [wandjholland@bigpond.com](mailto:wandjholland@bigpond.com)

Please complete all sections on this form and return to:

**J Holland,  
3 Broughton St  
Glenside SA 5065**

or:

[wandjholland@bigpond.com](mailto:wandjholland@bigpond.com)

No payment to be sent with Registration Form. Applicants will receive payment details when confirmation of Registration Form is sent out.

CHILD 1:

Name: \_\_\_\_\_ Male ☐ Female ☐ Age: \_\_\_\_\_

School: \_\_\_\_\_ Club: \_\_\_\_\_ Ability level: beginner ☐ intermediate ☐ advanced ☐

Tick if applicable: FULL WEEK ☐ Goalkeeper (must supply own goalkeeping equipment) ☐

OR PLEASE TICK THE DAYS YOU WOULD LIKE TO ATTEND

<b>Monday</b>	Passing & Receiving <input type="checkbox"/>	<b>Tuesday</b>	Goal scoring <input type="checkbox"/>
<b>Wednesday</b>	Tackling <input type="checkbox"/>	<b>Thursday</b>	Dribbling Skills <input type="checkbox"/>
<b>Friday</b>	Modified Matches <input type="checkbox"/>		

Please list the names of any friends attending the clinic who you would like to be grouped with. All efforts will be made to do so with priority being given to players of similar age and ability (and the same gender)

\_\_\_\_\_

CHILD 2:

Name: \_\_\_\_\_ Male ☐ Female ☐ Age: \_\_\_\_\_

School: \_\_\_\_\_ Club: \_\_\_\_\_ Ability level: beginner ☐ intermediate ☐ advanced ☐

Tick if applicable: FULL WEEK ☐ Goalkeeper (must supply own goalkeeping equipment) ☐

OR PLEASE TICK THE DAYS YOU WOULD LIKE TO ATTEND

<b>Monday</b>	Passing & Receiving <input type="checkbox"/>	<b>Tuesday</b>	Goal scoring <input type="checkbox"/>
<b>Wednesday</b>	Tackling <input type="checkbox"/>	<b>Thursday</b>	Dribbling Skills <input type="checkbox"/>
<b>Friday</b>	Modified Matches <input type="checkbox"/>		

Please list the names of any friends attending the clinic who you would like to be grouped with. All efforts will be made to do so with priority being given to players of similar age and ability (and the same gender)

\_\_\_\_\_

CONSENT: I, (Parent/Caregiver) give consent for to attend the School Holiday Coaching Clinic. I am aware that safety precautions will be taken to prevent injuries. Participants will not be allowed on the pitch without shin guards and mouth guard. (The Senior coaches have current First Aid Accreditation). In the unlikely event of injuries occurring during the clinic, I understand that the coaches cannot be held responsible.

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Post  
Code: \_\_\_\_\_ Phone (home): \_\_\_\_\_ (mobile): \_\_\_\_\_ Email address (please print clearly): \_\_\_\_\_

Please inform us in the space below of any medical problems / medication required by your child, eg asthma, allergies (including food allergies). Attach medical plan to this form if necessary.

\_\_\_\_\_

**You will receive email confirmation of registration prior to the clinic**