



# Ciriello's Coaching Academy

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## School Holiday Hockey Development Clinic

Hockey Holiday Development Clinic is to cover simple to specialist skills with in a hockey game. We look to challenge the way your child thinks and give them different solutions in different situations. Is based around a progression of developing closed skills and then taking them into small games, then bigger games. 2 days of fun and learning, with morning tea, lunch provided by a leading chef and personal trainer. There are specialised presenters from Strength and Conditioning coaches, injury management to nutrition, and whilst all this is being a safe interactive and enjoyable environment!!

<b>When:</b>	First Term School Holidays
<b>Dates:</b>	3/4/2018 – 4/4/2018
<b>Time:</b>	8:30-3:30 for a 9.00am Start
<b>Costs:</b>	Open to 13,15, &17's Players (Including GK's) \$235.00 for 2 Days includes Fruit and Lunch
<b>Age Levels:</b>	\$160.00 for 1 Day includes Fruit and Lunch
<b>Costs:</b>	U/11's 3 hour sessions = \$65.00
<b>Venue:</b>	Footscray Hockey Club

To enroll please fill out the enrolment form and send with Cheque or credit card details to:  
Ciriello Coaching Academy **Unit 13 44-56 Hampstead rd Maidstone Vic 3012**  
Enrolment form will not be processed without payment.

### Enrolment Form

Hockey Holiday Development Clinic

PLEASE PRINT: **School or Club** \_\_\_\_\_ **Year Level:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Name/s:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Phone:** (Home/Work) \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email Address:-** \_\_\_\_\_

**Medical Conditions/ Food allergies** \_\_\_\_\_

**At the competition of the clinic day will your child?: BE COLLECTED BY YOURSELF/ SOMEONE ELSE/ CARPOOL?** \_\_\_\_\_

**PARENTS CONSENT:** I hereby authorise Ciriello Coaching Academy to act on behalf of my child should they require medical attention and release Ciriello Coaching Academy from any liability for injury incurred by my child at Ciriello Coaching Academy programs or clinic.

**Parents Name:** \_\_\_\_\_ **Parents Signature:** \_\_\_\_\_

**Payment Method:**

**Direct Debit:** Bank: - Westpac Name: - Lou Ciriello BSB: - 033 369 Account No.: - 387576

**Credit card Payment:** Bankcard: Visa: MasterCard:

**Card Number:** \_\_\_\_\_ **Expiry:** \_\_/\_\_/\_\_ **CVV:** \_\_\_\_\_

**Card Holder's Name:** FOR \_\_\_\_\_ **Amount \$:** \_\_\_\_\_

Please attach Registration form with all payment and please put your childs name as a pint of refrence Thank you

To inspire and challenge all sportspeople by providing premier programs and coaching