



PARENTS

**HAVE YOU DECIDED WHAT YOU WILL DO
WITH THE CHILDREN DURING THE SCHOOL
HOLIDAYS?**

**WHY NOT SEND THEM TO
RESULTS SOCCER CLINIC!!!!**

For the past 14 years, Rochedale Rovers Soccer Club Ltd has held the **RESULTS SOCCER CLINIC**. The clinics have proven to be a great success, as it gives your children the chance to learn new skills while having plenty of fun.

There will be plenty of coaches on hand to pass on the knowledge they have, and you can be assured that by the end of the week your children will have had a ball.

So, don't waste the holidays, book your child in now, you won't regret it.

For more information contact KIERAN COOPER 3841 2192

RESULTS SOCCER CLINIC 2010

PROUDLY BROUGHT TO YOU BY
ROCHEDALE ROVERS SOCCER CLUB LTD

MONDAY 28th June to FRIDAY 2nd July
UNDERWOOD PARK

5 Years to 12 Years
8.00am to 12 Noon

AGE GROUP: 5 YEARS – 12YEARS
TIME: 8 AM - 12 NOON

COST: \$125.00 PER PLAYER (For 20 Hours That's \$6.25 per Hour)
COACHING: THE CLINIC IS RUN BY OUR JUNIOR DIRECTOR OF
COACHING WITH SUPPORT FROM MANY OTHER
PLAYERS AND COACHES.

Important Notes

- 1) The cost of the Clinic is \$125.00 per week.
Concessions will be made for more than one child.
- 2) 1st Child \$125.00. 2nd Child \$100.00. 3rd Child \$80.00.
4th Child \$60.00.
- 2) (FOUR) hours a day Monday To Friday
- 3) All players must be here at least 15 minutes before start
of each session.
- 4) All players must bring their own Soccer Ball.
- 5) Make sure your ball is clearly marked
- 6) Please note the session times
- 7) All players must also bring the following:
 - A) Full training kit ie. Shorts, socks, shirt
 - B) Boots
 - C) Shinpads
 - D) Sunscreen
 - E) Hat
 - F) Water bottle
 - G) Towel
 - H) Lunch or Lunch money (canteen will be
open)

Cash or Cheque Payments ONLY. If Paying by Cheque please make all
cheques payable to:

Rochdale Rovers Soccer Club Ltd

ATTENTION: KIERAN COOPER
PO BOX 73
ROCHEDALE SOUTH Q 4123

ALL FORMS TO BE IN to Main reception Desk by FRIDAY 25th JUNE 2010

PLEASE NOTE: PLAYERS WILL BE GIVEN PLENTY OF BREAKS

RESULTS SOCCER CLINIC 2010

NOMINATION FORM

I hereby nominate my son/daughter to take part in your Soccer Clinic from Monday 28th June to Friday 2nd July 2010.

Players Name:

Age Playing: Club:

Address:

Phone:

SESSION TIMES:

8 am – 12 noon

Please find enclosed my payment for your Soccer Clinic.

Signed: Date:/...../2010
(Must be signed by parent or guardian)

DISCLAIMER

I certify that my child enrolled above is in excellent health and may participate in strenuous physical activities including soccer. I agree to defend and hold RESULTS SOCCER CLINIC, it's servants, agents and/or employees and contractors harmless from any and all claims for injuries sustained by my child during his or her participation in the clinic. Permission is hereby granted to RESULTS SOCCER CLINIC to use pictures of the players in any promotional materials. Permission is granted for my child to receive emergency medical treatment, if needed, and I certify that there are no limits to my child's participation except as stated in writing and included with this application.*

Signed: Date:/...../2010
(Must be signed by parent or guardian)

Receipt No Date paid:/...../2010

- The parent/guardian signing this form understands that personal accident insurance is their responsibility.