

## 2011 December School Holiday Skills Clinic 19<sup>th</sup> – 22<sup>nd</sup> December 2011 Wakefield Park Artificial, Island Bay

Dear Players and Parents,

Exodus Team Wellington is running a Skills Clinics during the 2011 December School Holiday period leading into Christmas. The clinic represent an excellent opportunity for children to continue to develop their skills with up 12 hours of coaching available during the skills clinic. The sessions will be run by Team Wellington coaches and players currently working and playing at the amateur elite level in New Zealand.

The December School Holiday Skills Clinic will run as follows, Monday 19<sup>th</sup> – Thursday 22<sup>nd</sup> December. Session times and age range of the sessions can be found in the tables below.

### 19<sup>th</sup> – 22<sup>nd</sup> December 2011

Time	Mon 19 Dec	Tues 20 Dec	Wed 21 Dec	Thur 22 Dec
1pm - 4pm	7 - 14 Yrs	7 - 14 Yrs	7 - 14 Yrs	7 - 14 Yrs

The cost to attend the sessions is as follows:

	1 Day	Full Week 2
Non TW Member	\$30	\$90
TW Member*	\$25	\$70

\* The TW Member rate will be applied to a child/ren whose parent/s or care giver is a Season Member of Exodus Team Wellington. To find out more information about Exodus Team Wellington season memberships and costs please email [shaun@tw.org.nz](mailto:shaun@tw.org.nz) or phone Shaun Gill on 0273076022. Alternatively a season membership registration form can be found at [www.tw.org.nz](http://www.tw.org.nz).

### Key Information

- Players are requested to arrive at least 5 minutes early so sessions may begin promptly each week.
- Players please wear football shorts and socks as well as shin pads and boots.
- Bring sufficient clothing layers including a jacket, snack and a drink bottle.
- Please collect players promptly at the end of sessions.
- Payment for attendance at this programme must be made prior to the commencement of the programme.

## REGISTRATION

### Waiver of Liability

#### I agree to the following:

I give permission for my child to attend the Programme and for the Programme Coaches working with the Coaching Coordinator to act for me in an emergency. I hereby waive and release all Coaches and Team Wellington Soccer Incorporated from any liability for injuries sustained to my child whilst in attendance of the School Holiday Skills Clinic programme. I accept responsibility for my child's medical bills and any associated expenses as a result of injury or illness sustained whilst in attendance. I give consent that my child may be attended to in an emergency. We will contact you immediately any need arises. I have informed you of all relevant medical conditions or allergies.

**We look forward to being of service to you and providing excellent player coaching and football development.**

All Registration questions to be directed Shaun Gill, Team Wellington General Manager, on 0273076022 or [shaun@tw.org.nz](mailto:shaun@tw.org.nz).

Please register by 14<sup>th</sup> October to [shaun@tw.org.nz](mailto:shaun@tw.org.nz)

REGISTRATION CONFIRMATION – *please complete this form*

Player's Name: ..... DOB: .....

Player's Name: ..... DOB: .....

Please highlight or circle the sessions below your child/ren will be attending:

#### Week 2: 19<sup>th</sup> – 22<sup>nd</sup> December 2011

Time	Mon 19 Dec	Tues 20 Dec	Wed 21 Dec	Thur 22 Dec
1pm - 4pm	7 - 14 Yrs	7 - 14 Yrs	7 - 14 Yrs	7 - 14 Yrs

Parents Name/s: .....

Address: .....

Email Address: .....

Any relevant medical conditions: .....

My contact Phone Number: .....

I am a Exodus Team Wellington Season Member: YES / NO

I have read the notes above including the waiver and the gear to bring each session.

**PAYMENT TO** the Team Wellington Soccer Incorporated account. Account number **06-0507-0090623-00**.

You must include your surname, and "Dec Hols" as Particulars and Reference details when making payment.

I have paid \$..... into the Team Wellington account on (Date) ..... 2011.

Signed: .....

