



# 2009 HOLIDAY PROGRAMME



<p style="text-align: center;"><b>Monday 6 July to Thursday 9<sup>th</sup> July (inclusive) From 9.00am to 12.00pm</b></p> <p>The focus of the school holiday programme will be fun through technical work, small-sided games and a tournament format on the last day.</p>	<p style="text-align: center;"><b>COME ALONG AND ENJOY PLAYING SOCCER AND MEETING NEW FRIENDS!</b></p> <p style="text-align: center;">More enrolment forms available on <a href="http://www.papakuracityfc.org.nz">www.papakuracityfc.org.nz</a></p>
<p style="text-align: center;"><b>\$90 For All Four Days \$25 For One Day Only</b></p> <p>To register: Complete form and return to either:</p> <ol style="list-style-type: none"><li><a href="mailto:admin@papakuracityfc.org.nz">admin@papakuracityfc.org.nz</a></li><li>Post to 17 View Rd Papakura.</li></ol> <p>Payment options:</p> <ol style="list-style-type: none"><li>Cheque made out to Complete Coaching Ltd (include with registration form if posting).</li><li>Cash or EFTPOS on arrival.</li></ol>	<p>First name _____ Surname _____ M/F _____</p> <p>Age _____ Grade in 2009 _____ Team _____</p> <p>Parents names _____</p> <p>Address _____</p> <p>Home phone _____ Work phone _____</p> <p>Email _____</p>
<p><b>Further information:</b> <b>Who is involved:</b> Brian Derby – Papakura City FC Academy Director and Support Staff Bruce McGrath - Administration <b>Where:</b> McLennan Park, Papakura &amp; Clubrooms. <b>What do I bring?</b> Shin pads, boots, cross training shoes, ball, warm jacket, drink and snacks.</p> <p><b>For more information contact <a href="mailto:Bruce@ocl.net.nz">Bruce@ocl.net.nz</a> or 2960919</b></p>	<p><b><u>WAIVER OF LIABILITY</u></b></p> <p>I give permission for my child to attend the coaching programme and for coaches to act for me in an emergency. I hereby waive and release coaches and Papakura City FC from any liability for any injuries sustained, where due care has been exercised, whilst in attendance of the clinic. I accept full responsibility for my child's medical bills as a result of injury or illness sustained while in attendance of the clinic.</p> <p>Signature of Parent / Guardian _____</p> <p>Date _____</p>