



Brisbane Abruzzo Association Inc.
Home of
AC Carina Football Club



**SCHOOL HOLIDAY FOOTBALL CLINICS
JUNE / JULY 2009**

The School Holiday Football Clinics are a fun way to continue playing and learning about your favourite sport during the holidays.

Coaching will be provided by Reymondo Amaya who is a licensed state-level Coach. Reymondo was capped by his native country of El Salvadore and has held a number of coaching positions at national and state level teams in El Salvadore and Australia. He has been a long-term Staff Coach for Rochdale Rovers and is also employed by a number of schools including Churchie, John Paul College and Iona College. Reymondo is keen to encourage and develop our juniors.

Clinic activities will include:

FITNESS—running, coordination, balance, flexibility, jumping, reaction time

TECHNIQUE—juggling, balance, passing & control, dribbling, kicking, heading, goal shooting

TACTICS—development in game situations according to age

Where: AC Carina FC, 150 Fursden Rd, Carina

What to wear and bring:

Soccer ball (named)—correct size (U6–U10 Size 3; U11 & above Size 4)

Players must wear soccer boots, socks and shin pads

Appropriate football/sporting shirt and short

Please bring water and a healthy snack for afternoon tea

SESSIONS AVAILABLE

WEEK ONE – 5 days

AND / OR

WEEK TWO – 3 days

Monday 29th June to Friday 3rd July
2pm to 5pm each day
\$150

Monday 6th July to Wednesday 8th July
2pm to 5pm each day
\$90

**** Attend BOTH sessions for \$220 ****

**Please complete the attached enrolment form
and return to the club, with full payment, by 22 June 2009**



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SCHOOL HOLIDAY FOOTBALL CLINICS – JUNE / JULY 2009

Parent / Guardian Details

Name: _____

Address: _____

Phone: Home: _____ Business: _____ Mobile: _____

Email: _____

Player Details

Surname	First Names	DOB	Team
1.			
2.			
3.			

Please indicate the Clinic/s you wish to attend:

Session

Cost per
player

Number
of Players

Payable

Week One	\$150		
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OR

Week Two	\$90		
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OR

Week One AND Week Two	\$220		
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TOTAL:

RELEASE AND INDEMNITY

I hereby release and indemnify the Club, its coaches and members from any and all claims of any kind or personal injury or property damage that my child may sustain arising out of participation at this clinic. I understand that my child's participation in the game of football involves physical contact and certify that my child is in good health and able to participate in all activities. I agree to notify my child's coach of any pre-existing medical or psychological conditions. If medical attention is deemed necessary by the Club, I authorise the Club to obtain MEDICAL ATTENTION (including Ambulance) as required, at my expense. I understand and acknowledge this.

Parent Signature: _____ Date: _____

Payment Details

EFTPOS / Cash accepted at Office ONLY

Visa Mastercard Cheque No: _____ (payable to AC Carina FC)

Credit Card No: _____ / _____ / _____ / _____ Expires: ____ / ____

Name on Card: _____ AMOUNT: \$ _____

Club Use

Date Paid: _____ Paid By: CASH / CHEQUE / CREDIT / EFTPOS

Initial: _____ Amount Paid: _____