



Office attended
Monday & Wednesday

**Fremantle Netball
Association (Inc)**
Email: admin@fremantlenetball.com.au

POSTAL ADDRESS: P.O. Box 31, Palmyra W.A. 6957
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2012 PRIMARY SCHOOL COACHING CLINIC

A coaching clinic for Primary School Netballers in Years 3,4,5,6 and 7 will be held during the first week of the July school holidays. The aim of this clinic is to help young players develop the basic skills of our game in an atmosphere of fun & enjoyment. Coaches include current State Netball League players, Association and Regional Coaches.

- DATES:** Monday 9th & Tuesday 10th July 2012
- TIMES:** 9am-12noon daily
- WHERE:** Fremantle Netball Association, Gibson Park, High St
- FEE:** \$60 Each participant to receive backpack & ball
Non Refundable
- UNIFORM:** Netball uniform or Sports shorts, sports shoes
- DRINKS:** Each player to bring own (labelled) drink and a small snack (e.g piece of fruit) to each session
- GROUPS:** Players will be placed in groups based on age and netball experience- they will get the opportunity to be with one friend of a similar age.
- ENQUIRIES:** FNA Secretary Monday, Wednesday or Saturday 9335 3430
- REGISTRATION:** Form and Money must be received to enable registration. First come first served basis as numbers of attendees is limited. By post or at the office Tuesday, Wednesday & Saturday. PO Box 31, PALMYRA 6957
- CLOSING DATE:** 3pm Wednesday 4th July. **Late registrations will not be accepted**
- ✂ Tear Off



REGISTRATION FORM- PRIMARY SCHOOL COACHING CLINIC 9TH & 10TH JULY 2012 PLEASE USE BLOCK LETTERS

NAME			DATE OF BIRTH	/	/
			Day/Month/Year		
YEAR AT SCHOOL		CLUB AT FNA	NETBALL EXPERIENCE (please ✓)		
			Novice () Average () Good ()		
CONTACT DETAILS	HOME PHONE	MOBILE PHONE		ADDRESS	
Email					
Name of one friend you would like to be grouped with.					
Do not list more than one friend or a team or club name.					
EMERGENCY CONTACT DETAILS (Of person available on the clinic days should need arise)					
NAME			RELATIONSHIP TO ATTENDEE		
CONTACT'S PHONE #	MOBILE	HOME			
METHOD OF PAYMENT	Please tick method CASH () CHEQUE ()				
I hereby indemnify the Fremantle Netball Association (Inc.) and the coaches conducting this clinic against any injury which may arise from my child's participation in this programme.					
Parent/Guardian Signature:			DATE	/	/