



# Ciriello Coaching Academy

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## Albury - Wodonga

### School Holidays Hockey Development Clinic

Hockey Holiday Development Clinic is to cover simple to specialist skills within a hockey game. We look to challenge the way your child thinks and give them different solutions in different situations. Is based around a progression of developing closed skills and then taking them into small games, then bigger games. 4 days of fun and learning, with morning tea, lunch and drinks provided by a leading chef and personal trainer. There are specialised presenters from Strength and Conditioning coaches, injury management to nutrition, and whilst all this is being a safe interactive and enjoyable environment!!

<b>When:</b>	April 2017
<b>Commencing:</b>	10 <sup>th</sup> of April
<b>Concluding:</b>	13 <sup>th</sup> of April
<b>Time:</b>	8.30am to 3.30pm
<b>Year Levels:</b>	Year 6 to Year 12
<b>Cost:</b>	\$385.00 for 4 Days
<b>Venue:</b>	Albury Hockey Centre - Cadell St - Alexandra Park

To enrol please fill out the enrolment form and send with Cheque or credit card details to:  
Ciriello Coaching Academy **150/245 Thomas St, Dandenong, 3175.**  
Enrolment form will not be processed without payment

#### Enrolment Form

Hockey Holiday Development Clinic

PLEASE PRINT: \_\_\_\_\_ Year Level: \_\_\_\_\_ Age: \_\_\_\_\_

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: (Home/Work) \_\_\_\_\_ Mobile: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

At the completion of the clinic day will your child? BE COLLECTED BY YOURSELF/ SOMEONE ELSE/ CARPOOL?

**PARENTS CONSENT:** I hereby authorise Ciriello Coaching Academy to act on behalf of my child should they require medical attention and release Ciriello Coaching Academy from any liability for injury incurred by my child at Ciriello Coaching Academy programs or clinic.

Parents Name: \_\_\_\_\_ Parents Signature: \_\_\_\_\_

Payment Method:

Direct Debit: Bank: - Westpac

Name: - Lou Ciriello BSB: - 033 369 Account No.: - 345616

Credit card Payment:

Bankcard:

Visa:

MasterCard:

Card Number: \_\_\_\_\_

Expiry: \_\_\_\_ / \_\_\_\_

Card Holder's Name: FOR \_\_\_\_\_ Amount \$: \_\_\_\_\_

Please attach Registration form with all payments. Thank you and looking forward to your child enjoying the clinic.

To inspire and challenge all sportspeople by providing premier programs and coaching