



APRIL SCHOOL HOLIDAY CAMP 2011

Monday 11th April to Thursday 14th April 2011

(First week of the school holidays)

Venue: BOSSLEY PARK HIGH SCHOOL, PRAIRIEVALE ROAD, BOSSLEY PARK

FULL DAY CLINIC

\$150 PER PLAYER (9:00am – 3:00pm Mon.-Thurs. Inclusive)

10% Discount for group bookings of 2 or more players for full day only (\$135 per player)

(Please send applications in all together in one envelope to receive the group discount)

OR

HALF DAY CLINIC

\$100 PER PLAYER (9:00am – 12:00pm Mon.-Thurs. Inclusive)

Player Application: aged 7 – 15 years inclusive (1996 – 2004 born)

Application forms must be returned prior to Thursday 31st March 2011

with a deposit of \$35 in person to Geoff Stanmore or Tina Nastasi or

by cheque posted to P.O. Box 147 Edensor Park 2176

- ❖ Full day players must provide their own recess & lunch
- ❖ Players must ensure they bring runners as well as their boots
- ❖ Please arrive at 8:30am on Monday 11th April for your child to sign in and to pay the remaining balance at the registration area. Please also have the correct amount to assist with the registration process.
- ❖ Please Note: We do not have EFTPOS facilities available

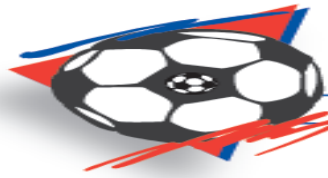
During the April School Holidays, Geoff Stanmore, IQ Football's Academy Director & Bossley Park High School's Talented Football (Soccer) Program Director will be conducting an all day soccer camp at Bossley Park High School (BPHS). Geoff's coaching experience other than BPHS includes Australian School's Coach, Westfield's Sports High School Program, NSW Institute of Sport Program and NSW State Squads.

The camp program involves developing technical aspects of young players and to accelerate their decision making skills in a high intensity and quality driven environment. Players are challenged in the transition from technique to skill phase. This involves deciding which technique to apply and then executing the technique under pressure. By developing and encouraging speed of player, speed of ball and speed of thought, the camp aspires to achieve the IQ philosophy of intensity and quality for smarter, faster players.

Academy Director: Geoff Stanmore Mobile: 0408 455 445 Email: igsoccer@hotmail.com
Academy Liaison Manager: Tina Nastasi Mobile: 0401 396 092 Email: igfootball@hotmail.com
POSTAL ADDRESS: IQ Football P.O. BOX 147 EDENSOR PARK NSW 2176
ABN 23685499073

www.igfootball.com.au

Admin Use Only
Entered
Attendance
Email



IQ FOOTBALL

Intensity and Quality for Smarter, Faster Players

April School Holiday Camp 2011

Submit forms no later than Thursday 31st March with a \$35 deposit

Hand in or Post forms, please do not email

...../...../.....
FIRST NAME SURNAME DATE OF BIRTH

.....
STREET No. & NAME SUBURB POST CODE
.....
.....

PARENT/GUARDIAN NAME RELATIONSHIP PARENT/GUARDIAN CONTACT MOBILE

.....
HOME NUMBER WORK NUMBER EMAIL

..... Medicare No:.....
SPECIAL CONCERNS: ALLERGIES/INJURIES/MEDICAL CONCERNS & TREATMENT REQUIRED

.....
NAME OF CURRENT SCHOOL CURRENT YEAR AT SCHOOL

GENDER	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE
OPTION	<input type="checkbox"/> HALF DAY CAMP ½ Day (9:00am – 12:00pm only) Total Cost: \$100pp (No discount for ½ day)	<input type="checkbox"/> FULL DAY CAMP Full Day (9:00am-3:00pm) Total Cost: \$150pp or \$135pp for 2+
REGISTER	<input type="checkbox"/> I am registering as a single player <input type="checkbox"/> I am registering as a group of 2+ players for the full day camp and require the 10% discount <i>Please note: Forms must be submitted together to receive the discount</i>	
DEPOSIT	Enclosed is my cheque/money order/cash of \$.....	
BALANCE	Balance is to be paid in full at registration on the day. Please arrive at 8:30am to register on the first day of camp. (Please make cheques payable to "IQ Football")	

DISCLAIMER: I/We, the undersigned, hereby certify that I/we are the parent/s or legal guardian/s of the child. I/We hereby give permission for the I.Q. Football staff to seek appropriate medical attention for the child and for the medical attention to be given and for the child to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment. I/We, the undersigned, for ourselves, our heirs, executors and administrators waive, release and forever discharge I.Q. Football and its staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participation in the football (soccer) camp, trials and/or subsequent programs, whether or not damages, injury or loss is due to player/staff negligence. I/We hereby acknowledge that our child is physically fit and mentally capable of participating in this football (soccer) camp, trial and/or subsequent programs. I/we hereby understand that there is no reimbursement for missed sessions unless a medical certificate is produced for a long term injury or illness only. I/we understand that 'long term' injury/illness is in excess of 3 (three) weeks. Sessions that are cancelled due to weather will be re-scheduled at a later date.

...../...../.....
PRINT PARENT / GUARDIAN NAME SIGNATURE DATE

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