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Coaching Clinic

## Junior Netball COACHING CLINIC

CHILD'S NAME:..... D.O.B.....AGE.....School Yr.....

PARENTS NAME: .....

EMAIL ADDRESS: .....

ADDRESS:.....PC.....

TELEPHONE: (Home) ..... (Work) .....

WEDNESDAY AFTER SCHOOL

TERM \_\_\_\_\_

Level 1  repeating 1  level 2  repeating 2

**PLEASE READ THE FOLLOWING CONDITIONS  
AND SIGN YOUR ACKNOWLEDGMENT**

1. Game Fees cover the umpire payment, equipment and administration costs for the competition and are to be paid prior to the commencement of the season.
2. Players play at their own risk and are responsible for their own insurance. Bouncer Sports Centre accepts no liability for any injury sustained whilst playing sport on or within the confines of the centre playing areas.
3. All players must bring a bottle of cold water for duration of game play.
4. We agree to abide by the rules, regulations and by-laws as set forth by the owners and managers of Bouncer Sports Centre.
5. Once payments have been made and program commenced there will be no refunds for sessions missed.

Parents sign..... **Date**.....

Payment of \$..... has been paid: **Taken By** (Bouncer Staff Member).....

**Payment Type:** cash / card / cheque:                      **Card No:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Sign (Card Holder)**.....                      **Exp Date:** \_\_ / \_\_