



SCHOOL HOLIDAY CLINICS

APPLICATION FORM

SEPTEMBER/OCTOBER

Please complete & return your application to: **FAX 02 4353 7211 POST to PO Box 5244 Chittaway Bay NSW 2261 ALL ENQUIRIES: 4353 7200**

PARTICIPANT 1	First Name	Surname	D.O.B / /	Current Club & Team
	Address	Postcode		School
	Contact No	Email		T-Shirt Size Are you a goalkeeper? <input type="checkbox"/>

PARTICIPANT 2	First Name	Surname	D.O.B / /	Current Club & Team
	Address	Postcode		School
	Contact No	Email		T-Shirt Size Are you a goalkeeper? <input type="checkbox"/>

CENTRAL COAST	<input type="checkbox"/> TUMBI UMBI	Mon 27 to Wed 29 Sep	Mingara Athletics Track
	<input type="checkbox"/> ERINA HEIGHTS	Tue 5 to Thu 7 Oct	Central Coast Grammar

SYDNEY	<input type="checkbox"/> ST IVES	Tue 5 to Thu 7 Oct	Toolang Oval
---------------	----------------------------------	--------------------	--------------

AMOUNT PAYABLE

_____ @ \$149.00 Per Child	
Transaction Fee	\$ 5.00
TOTAL	\$

I do not wish to receive special offers from Central Coast Mariners

PARTICIPATION AGREEMENT

I understand that there are inherent risks associated with participation in football matches, and my child's participation in the program may result in personal injury (even of a serious nature) and I fully accept and agree to bear those risks.

I agree not to bring any claim or proceeding against Central Coast Mariners for any damage, loss, injury or liability I or my child may suffer from participation in the program except for liability that by law cannot be excluded. In the event of any injury or illness to my child during the program, I hereby give consent in arranging any medical treatment that may be required.

I hereby grant the Central Coast Mariners the right and permission to publish, without charge, photographs of my child taken during the program. These photographs may be used in publications, including electronic publications, or in individual presentations, promotional collateral, advertising, or in other similar ways.

NB: Any child entering the clinic with a medical condition must bring a letter from their doctor regarding the treatment of this condition.

Parent/Guardian Signature:

Date: / /

PAYMENT DETAILS

Enclosed is my cheque/money order made out to the **CENTRAL COAST MARINERS FC PTY LTD**

I hereby authorise the Central Coast Mariners to debit TOTAL PAYABLE from my nominated credit card:

VISA **MASTERCARD** **AMEX** **Expiry Date:** ___/___/___

Card Number: _____ **CCV Code:** _____
(last 3 digits on back of card)

Cardholder's Name _____ **Signature** _____