

'All Things Football' Coaching Clinic for kids (8-13 years) Two Day Training Camps

10:00am – 3:00pm (5hrs per day) Randwick Public School

Entrance via gate on Frances Street, Randwick, NSW 2031

Based on the success of the holiday Football program run at the end of Term One, **TRANSFORM-US Fitness for Kids** will be running two more Football Coaching Clinics these upcoming school holidays.

Our Head Coach – Hayden Morton played for the U17 and U20 Socceroos as well as the Central Coast Mariners in the Hyundai A-League. Hayden has many years running successful football clinics for children aged 5-16 years. You can feel confident that your child will be in the safe supervision of staff from TRANSFORM-US Fitness for Kids.





These two-day Clinics focus on fitness, skill development and team (game) sense. No matter what level your child currently participates at, **ATF** will help to enhance your child's overall skill and love of the game.

If inclement weather conditions, the clinics will still run as the school has great uncover facilities.

Clinics will run on...

- 1. Monday 8th July Tuesday 9th July, and
- 2. Monday 15th July Tuesday 16th July

To register your child into either of these two-day Coaching Clinics, please fill out the form below, scan and email to **Kevin Moultrie** at **TRANSFORM-US Fitness for Kids Pty Ltd** at

info@transform-usfitnessforkids.com.au

Once registered, additional information will then be sent to you.

Cost: \$190.00 (incl. of GST) for the two (2) day Football Coaching Clinic

| Coaching Clinic No: (Select Camp from Previous Page) #1 #2 |
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| PAYMENT OPTIONS: (Please Tick) |
| S190 Visa Mastercard Amex or Electronic Funds Transfer |
| Credit Card Number: |
| Card Holder's Name: |
| Signature: Card Expiry Date: CCV: |
| Electronic Funds Transfer: Bank: CBA BSB: 062 124 Account: 1138 4576 Reference: (Childs Name) |
| CHILD'S DETAILS: (Please use BLOCK LETTERS - All details are required) |
| Surname: Given Names: |
| DOB: Gender: M F Class at School: |
| School that your child attends: |
| How many years has your child played football? |
| Does your child play for a team/club? |
| On a scale of 1 – 5 (5 being 'excellent') how would you rate your child's skills (for their age) |
| PARENT/GUARDIAN DETAILS: (Please use BLOCK LETTERS - All details are required) |
| Surname: Given Names: |
| Address: |
| Suburb: State: Postcode: |
| Email: |
| Contact Number: (H) (W) (M) |