



JOIN THE MINIBALL SHOOTERS' CLUB



This club is a new SBA initiative to help miniball players develop with extended coaching over a two month period from SBA Development Officer Kevin Braswell and other SBA coaches. Miniball coaches are also able to attend as observers / helpers.

This training will be split into two age groups as follows.

Year 3 & 4	9:00am – 10:15 am
Year 5 & 6	10:30 am – 12:00 noon

There will be eight coaching sessions before and during miniball competition 2014 and SBA Development Officer Kevin Braswell will attend miniball competition days to observe and provide feedback to coaches on skill development.

Dates:

Sunday 31 August
Sunday 7 September
(Miniball competition starts 9 September)
Saturday 13 September
Saturday 20 September
Saturday 18 October
Saturday 25 October
Saturday 8 November
Saturday 15 November



Cost:

\$100 per child – club T-shirts provided
Club members will also be entitled to half price SHARKS tickets in 2015
Chances to win club prizes / enter club competitions

Registration:

Prior registration must be made through the Southland Basketball Association office at Stadium Southland. Register by August 18th to Jill @ jill@basketballsouthland.co.nz or 2112254 on the registration form attached making sure to include T-Shirt size



SHOOTERS' CLUB REGISTRATION & CONSENT FORM

CHILD'S INFORMATION				
NAME			T-SHIRT SIZE	
DOB		AGE	GENDER	Male / Female
ADDRESS				
PHONE		SCHOOL	YEAR / GROUP	<input type="checkbox"/> 3 & 4 <input type="checkbox"/> 5 & 6

PARENT / CAREGIVER INFORMATION			
NAME			
ADDRESS			
PHONE	MOBILE	WORK	
EMAIL			
RELATIONSHIP	<input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Other (please specify)		

THOSE AUTHORISED TO COLLECT CHILD / EMERGENCY CONTACT			
NAME			
ADDRESS			
PHONE	MOBILE	WORK	
EMAIL			
RELATIONSHIP	<input type="checkbox"/> Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Other (please specify)		
Children will be advised that they are NOT to leave ILT Stadium Southland unless in the care of an authorised person			

HEALTH INFORMATION
<p>Please list any medication your child requires and any allergies, illnesses or special needs your child has. If staff are required to administer medication please attach details to the enrolment form.</p>

The following information must be completed by the above child's parent/caregiver:

I agree to Southland Basketball collecting personal information. I have been advised that the information I provide will be used for: Player records, accounting purposes, seeking parent/guardian assistance with Southland Basketball activities. Photographs may be taken of coaching sessions and used on the Southland Basketball website and other promotional material.

I accept that this information may later be used for statistical purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned. I understand that the information that I provide will be held at the office of Southland Basketball. I am aware of the rights to access to correction of this information.

I give my child permission to participate in this programme and I understand that my child participates at their own risk.

SIGNED

Parent / Guardian