**CONDITIONS OF ENTRY**

**1. Permission to Enter**

I give permission for my son/daughter, who is a registered player in the Highlands Soccer Association (or another association affiliated with Football NSW Southern Zone) and whose details are overleaf, to attend the Highlands

FC Academy

**2. Entrant**

I understand that Academy entry is complete when the entry form has been completed, condition of entry signed, payment has been remitted and approved for payment.

**3. Rules**

I agree that my son/daughter will abide by the rules of the Academy and will observe all written or oral instructions given by the authorised personnel at the Academy.

I acknowledge that failure to comply with designated rules may result in ejection of my son/daughter from the Academy.

**4. Promotional Material**

I hereby give the Academy Organiser the unconditional right to use at its discretion photographic pictures of my son/daughter in any form of media without compensation to me or my son/daughter or approval by me.

**5. Close of Entries**

I accept that entrant limits exist for the Academy and that once limits are reached confirmed acceptance of entries is at the sole discretion of the Academy Organiser. Otherwise, the closing date for entries to the Academy is 6.00pm on 16th April 2015

**6. Refund Policy**

I accept that refund of the Academy Fee will be at the sole discretion of the Academy Organiser.

**7. Insurance**

I understand that the Academy forms part of the Highlands Soccer Association’s sanctioned activities and that the standard player insurance cover applies.

**8. Indemnities and Disclaimer**

I agree that my son/daughter abides by the rules of the Academy. In consideration of acceptance of the entry of my son/daughter, I hereby waive all and any claims or cause of action that I might be entitled to have against all managers, coaches, officials or any person whatsoever involved in the Academy.

I have read the Conditions of Entry detailed above and agree to be bound by them.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**/\_\_\_\_\_/2015**

**Parent/Guardian (please print name) Date**

**HOW TO ENTER**

**1.** Complete the Academy entry form and sign conditions of entry,

**2.** Make payment by cash, cheque or direct into IMB Bowral BSB 641-800 Account 200620284 clearly referencing the player’s name. Cheques made payable to “Highlands Soccer Association Inc”.

**3.** Forward completed entry form, signed conditions of entry together with payment to: “Highlands Soccer Association Inc”.

P.O. Box 2221

Bowral 2576

By 16th April 2015

**CONFIRMATION OF ENTRY**

**The Academy Organiser will confirm entries, after the closing of business on 16th April 2015**

**CONTACT US**

For more information:

Tel: (02) 48837 967/ 0407917062

Or alternately email:

[Dir.coach@hsa.org.au](mailto:Dir.coach@hsa.org.au)

The Highlands FC Academy is organised by Highlands Soccer Association Inc in conjunction with Southern NSW Soccer.

###### HIGHLANDS FC

**FOOTBALL ACADEMY**

[](http://www.highlandsfc.com.au/)



DEVELOPMENT

FOR BOYS & GIRLS

AGED 9-11&

**BOYS & GIRLS**

ED 8 – 1

**PROGRAM OUTLINE**

The Academy is designed by Advanced Level Football Federation Australia Coaches working within the National Curriculum.

The Academy will run for a 20-week period with intensive training camps in the School Holidays.

Each session will incorporate technique development through individual & small-sided practices.

Exercises will vary depending on player’s ability.

**QUALITY STAFF**

The Academy Organiser has sought the support of Football NSW in selecting coaching staff for the Academy.

All coaches will be qualified under the Australian Football Federation Coaching Accreditation Scheme & also meet all child protection criteria as set by SNSW & the NSW Dept of Sport & Rec.

**PLAYER TO COACH RATIOS**

Academy organisers will endeavour to maintain a 16 player to 1 coach ratio at all times.

**WET WEATHER**

It is the responsibility of parents to contact Academy organisers if inclement weather occurs.

**ATTENDANCE**

It is the responsibility of parents to contact Academy coaches in the case of player absences.

**COST AND PLAYER KIT**

Please select one:

Full Program 20 weeks (only $15 per session)

$300\_\_\_\_\_\_

Term Program 10 weeks

$160\_\_\_\_\_\_

Each player who has registered will receive,

* Quality Coaching (Approx. 75 minutes per session)
* Homework Program
* Academy Report
* Certificate of Attendance

**WHERE AND WHEN**

Moss Vale Soccer Fields

Church Road, Moss Vale

**First Session**

**Monday 20th April- 5:30pm to 6:45pm**

Then as follows:

Every Monday until June 22nd

Term 2 July 13th - September 14th

**\*Please note that changes may occur.**

**Times for ongoing Academy sessions will be given at the registration/placement session.**

**WHAT TO BRING**

Your Academy checklist:

* Soccer Boots or sports shoes
* Shin pads
* Cap
* Drink bottle
* Spare clothes (in case of wet weather)
* Plastic bag for wet clothes
* Medicine (if required)
* Enthusiasm

**ENTRY FORM**

Please complete the following form:

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/20\_\_\_

Gender:

* Male
* Female

Registered Player with Club:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participated in 2014 Academy:

* Yes
* No

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Known medical conditions

Please list any physical or medical condition(s) that may affect physical performance at the Academy e.g. (Asthma, allergies etc). Also list any medication that is required to manage these conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact in case of emergency

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT AUTHORITY REQUIRED**

**(SIGN OVERLEAF)**

Detach and return entry form, keep remaining sections for your information