



JOIN THE



Term 4 - Years 1 & 2, Years 5 & 6

Southland Shooters' is a development programme for all girls and boys from years 1 - 8 who are keen to experience basketball in the region. Previous programmes such as Little Dribblers, Shooters Club and Hoops Group are now combined into the one programme. Southland Shooters' is run all year round, each term focusing on a different age group.

Sessions run for approximately 1 hour (depending on the age group). The first half of the session focuses on key skills and the second half is a full court basketball game. Sessions are facilitated by SBA Development Officer, Dan Peck, along with other SBA coaches. Daily awards are given out for outstanding achievement and individual ability is catered for wherever possible. Coaches are encouraged to watch and assist.

Term 4 Dates:

Years 1 & 2:

6 sessions for years 1 & 2 on the following Mondays 4:00 - 5:00pm at ILT Stadium Southland:

Monday October 10

Monday October 17

Monday October 31

Monday November 7

Monday November 14

Monday November 21

Years 5 & 6:

6 sessions for years 5 & 6 on the following Thursdays 4:00 - 5:00pm at ILT Stadium Southland:

Thursday October 13

Thursday October 27

Thursday November 3

Thursday November 10

Thursday November 17

Thursday November 24

Term 4 Cost:

\$75 (including singlet)

Fee is to be paid prior to the first session. Cash or internet banking is preferable.

Banking details are at the bottom of the page.

Singlet:

All players will receive a Southland Shooters' reversible basketball singlet.

Register by September 30 to ensure that your singlet will arrive by the first session.

Registration:

Please send registration form along with fee to:

dan@basketballsouthland.co.nz

Internet banking details: 03-1750-0494294-00 (Childs name in Reference, "Shooters" in Code)

Or cash/cheque to:

Southland Basketball Association, Stadium Southland

PO Box 224, Invercargill 9840





SOUTHLAND SHOOTERS' REGISTRATION FORM

CHILD'S INFORMATION					
NAME					
DOB		AGE		GENDER	Male / Female
ADDRESS					
PHONE			SCHOOL		
SCHOOL YEAR (2016)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
	SINGLET SIZE Kids (6 – 14) or Mens (S – 2XL)		6 <input type="checkbox"/>	8 <input type="checkbox"/>	10 <input type="checkbox"/>
			S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>
			12 <input type="checkbox"/>	14 <input type="checkbox"/>	XL <input type="checkbox"/>
				2XL <input type="checkbox"/>	

PARENT / CAREGIVER INFORMATION			
NAME			
ADDRESS			
PHONE		MOBILE	
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	
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. If it requires some explaining then please come in on a day prior to the clinic to explain the procedure to our staff.</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