



**COERVER® COACHING ACT**  
**Onside Management Pty Ltd**  
**A.C.N.106 241 098**  
**A.B.N. 30 106 241 098**  
**PO Box 218, Campbell ACT 2612**  
**Phone: 0431260286**  
**www.coerveract.com**  
**E-mail: admin@coerveract.com**

## **COERVER® COACHING JANUARY CLINICS 2010**

Limited places for girls & boys aged 4-16 years

**"World's No.1 Soccer Skills Teaching Method"**

COERVER® COACHING CLINICS are recommended by F.I.F.A  
 UEFA, FRENCH FOOTBALL ASSOCIATION, ITALIAN FOOTBALL FEDERATION,  
 MANCHESTER UNITED, AJAX, OCEANIA FOOTBALL CONFEDERATION,  
 Franz Beckenbauer, Sir Stanley Matthews and Roberto Rivellino.

### **Each COERVER® player receives:**

- 12 hours of programmed **COERVER® Coaching** from **COERVER®** accredited coaches
- **COERVER® Coaching** Climacool Shirt
- **COERVER® Coaching** certificate
- **ADIDAS®** soccer ball
- **COERVER®** home training program
- **REBEL Sport** discount card
- Drinks during clinic (**Please bring drink bottle**)



*For your own information please ensure you read the conditions on the back of this form*

Holiday Clinic Venue	Time	Date	Cost
Wanniassa Oval No. 2 Hyland Place Wanniassa	9.00am- 12.00pm	18, 19, 20, 21 January 2010	<b>\$165.00</b>
University of Canberra, Allawoona Street Bruce	2.00pm - 5.00pm	18, 19, 20, 21 January 2010	<b>\$165.00</b>

**CLOSING DATE: 15/01/10**

**www.coerveract.com**

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 To apply for the above COERVER® COACHING CLINIC, please send this part of the registration form (**make sure that you have signed the reverse page**), together with cheque/money order/cash of **\$165.00** (includes GST) to:

**ONSIDE MANAGEMENT PTY LTD**  
**PO BOX 218**  
**CAMPBELL ACT 2612**

### **CHEQUES ARE TO BE MADE PAYABLE TO ONSIDE MANAGEMENT Pty Ltd**

*Discount: if you have more than one family member enrolling in this clinic, the cost is \$150.00 (incl. GST) per player)*

Player's Name: \_\_\_\_\_  
 (Please print neatly to ensure information on your child's certificate is correct)

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please tick your clinic venue:  Wanniassa Oval No. 2 Hyland Place Wanniassa  
 University of Canberra, Allawoona Street Bruce

Shirt size (circle): **8 10 12 14 16** Club: \_\_\_\_\_



**PLEASE ENSURE ALL APPLICATIONS ARE SIGNED OVER PAGE.**

Conditions apply please see over  
Note: all application forms *must* be processed through  
 COERVER® Coaching ACT, prior to the clinic's commencement.

## **COERVER® CLINICS: CONDITIONS OF APPLICATION**

1. If in the event of a clinic/school or clinic being cancelled due to inclement weather, the player will receive a credit to attend the next scheduled clinic/school/clinic to the same value.
2. If the weather is inclement players must attend the designated venue each day and have their name marked off. The head coach's decision on ground suitability shall be final.
3. COERVER® coaching reserves the right to limit the number of participants in its coaching camps/schools/clinics.
4. COERVER® coaching reserves the right to change venue within 10km of the originally nominated venue in the event of inclement weather.
5. In the event of inclement weather COERVER® coaching reserves the right to extend the period of the clinic/school by one day and or an afternoon session, to ensure completion of the required hours of instruction.
6. There is no part refund once the day's session has commenced.
7. Any camp/school/clinic cancellation refund will be forwarded by cheque within seven working days of the last scheduled clinic of the school holiday period.
8. Receipts will only be issued if specifically requested.
9. Should you require verification of acceptance to any camp/school/clinic please contact [contact@coerveract.com](mailto:contact@coerveract.com) as no formal acknowledgement will be forwarded.
10. A service fee will be charged for dishonored cheque transactions.
11. All participants are required to wear shin pads, football socks, and soccer boots to all sessions. Joggers/trainers (preferably with clear/white sole) are required should it be necessary to attend an indoor facility.
12. Cancellation fee applicable.
13. Fees are not refundable within fourteen (14) days of the scheduled commencement date of the camp/school/clinic. Any request for refunds before this date will incur a 20% cancellation fee.
14. There will be no full refunds.
15. No participant shall take the place of any other registered player at a camp/school/clinic for any reason without the full knowledge and consent of head office and the appropriate forms being completed for insurance purposes and fees being paid.
16. All registration forms must be processed through COERVER® Coaching ACT. The coaches will take no applications on the commencement day of the clinic.
17. Please note that any property left behind at the camps/school/clinics will be kept for a period of one month and if not claimed then will be donated to charity.

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COERVER Coaching ACT will not be responsible for any loss, damage or injury arising directly or indirectly in connection with the participation of your child / children in any COERVER Coaching program, clinic or activity conducted by or on behalf of COERVER Coaching ACT within the ACT or its territory. The under signed acknowledges and agrees that in registering your child / children in the program you do so at your own risk and you accept the risks of your child / children participating in such program. You hereby release and discharge COERVER Coaching ACT operated by Onside Management Pty Ltd, its related bodies corporate and its servants and agents, from any claims which you or your child / children now or at any time may have in connection with or incidental to your child / children's participation in the program.

Nothing in this waiver is intended to exclude anything, which cannot be excluded by law. In the event of an injury or illness to your child / children, you hereby consent to COERVER Coaching ACT, its employees and agents arranging any medical treatment that may be required (including, without limitation, any ambulance transport). You agree to pay on demand all medical costs incurred in relation to any injury or illness to your child / children that are not already covered by your own private health fund or Medicare.

The under signed understands that your child / children may be photographed while participating in the program and you hereby give permission for the use of your child's / children's name and photographic likeness to be used in all forms of media for the promotion of any activity undertaken by COERVER Coaching or its related bodies corporate.

Indemnity & Release:

The person signing the application must understand that signing the document affects their legal rights. The person signing understands that there are certain risks involved in the sport/activity. That could result in injury and/or death. Football involves tackling and body contact which could lead to serious injury and/or death. The applicant signs the document in full knowledge that they have read the preceding document and understands it in full.

Parent / Guardian Signature:

Relationship to child / children:

Date:

