NETBALL COACHING CLINIC
FRIDAY 19th APRIL 2013
Westminster College
1-27 Alison Street, Marion
9am Registration, Clinic 9.30am – 3.00pm
$65.00
(Strictly Limited Numbers so get in early)
Registrations close 16th April 2013

NATALIE VON BERTOUCH, EMILY BEATON & CARLA BORREGO
Agency 4 welcomes Australian Captain Natalie Von Bertouch as one of our star Coaches along with International Netball Champions EMILY BEATON & CARLA BORREGO
for Agency 4 Sports’ School Holiday Netball Clinic
Our clinics are open to all netballers aged 7 to 15
(Players aged over 15 are welcome although they might like to register with some friends/team to ensure we have a group of similarly aged players)

BRING: Sunscreen, Hat, Lunch, Snacks and lots of Drinks
(Please note we are an Allergy Aware Organisation no food containing nuts please)

TO REGISTER: Please send the completed form to: Agency 4 Sports PO box 2232 Hilton Plaza SA 5033 or email to: rsanders@agency4.com.au Ph: 0413 808 627 or bacquaviva@agency4.com.au Ph: 0410 622 311

<table>
<thead>
<tr>
<th>Participants First Name</th>
<th>Last Name:</th>
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</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Address:</td>
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<tr>
<td>Any Medical Conditions:</td>
<td>(Including asthma, allergies etc.)</td>
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<tr>
<td>Emergency Contact Details:</td>
<td></td>
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<tr>
<td>Parent/Guardian Name:</td>
<td>Contact Number:</td>
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<td>Address:</td>
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Payment Information:
For the amount of: $   
Receipt Payment Number & Date:  
Email Address: (For confirmation)
Signed:  

PAYMENT DETAILS:
Payment by EFT, please enter receipt number and date of payment on registration form
Commonwealth Bank
BSB: 065 000  Account Number: 1157 7009  Account Name: Agency 4
Logdement / Reference: Please enter child’s first name or initial and surname to enable us to identify your payment.

Waiver
In consideration of Agency 4 Pty Ltd, allowing my child/ward to participate in the clinic, I hereby indemnify Agency 4 Pty Ltd and its sponsors against all action, claims, demands or liability whatsoever and by whomever in respect to injury to person including, by without limitation, injury to my child/ward, or damage to property arising out of or in connection with participation in such clinic whether such damage or injury or loss be caused by the act, neglect or default of Agency 4 Pty Ltd or sponsors or agents or other participants in the clinics or otherwise.

I, the parent / guardian of the participant, (for myself, my heirs, executors and administrators) - agree both on behalf of the participant and in my own right that: (i) we give our full and complete permission, without reservation or restriction to Agency 4 Pty Ltd, the participant’s home State or Territory Netball Association and its partners, representatives, agents and assigns (“Authorised Parties”) to use television and photographic images of me obtained from the Agency 4 Pty Ltd Netball Clinics to use, reproduce and publish in any communication medium whatsoever, as determined by the Authorised Parties (jointly or severally) from time to time, for educational, game development, promotional, commercial or marketing purposes; (ii) the foregoing permission is unconditional and applies in perpetuity; (iii) no fee or remuneration will be provided for the participant’s appearance in any such communication medium; and (iv) I and the participant waive, release and forever discharge the Authorised Parties from all claims, actions and liability relating to its use of said television and photographic images.

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Signed
Print Name
Date