Seymour Sports Centre

Coaching Clinics

April 2014 School Holidays

Week 1: 14 – 17 April (4 days)
Week 2: 22– 24 April (3 days)

For boys and girls aged 4 – 14
Bike Riding
Catering for all skill levels. Learn road safety, technique and riding without training wheels. Instructor, Felicity Johnson, is a gold medallist Paralympian at London Olympics. Must bring your own bike and helmet. Enclosed footwear must be worn.

Cheerleading – One session only: Tuesday, 22 April at 12.30pm
Come and try American style cheerleading with Adelaide All Stars Cheerleading’s top coaches. Learn basic stunting, gymnastics skills, jumps and dance.

Cirkidz – One session only: Monday, 14 April at 12.30pm
Come and try circus skills, juggling and acrobatics.

Fencing – One session only: Tuesday, 15 April at 9.00am
Our instructor, Leon Thomas, Junior Australian Coach, will teach the disciplines of fencing, focusing on the skills and safety of the sport. To participate, long pants and sneakers must be worn.

Gymnastics – Four sessions per day
Professional coaching for all levels in our fully equipped gymnastics room.

Hip Hop – One session only: Wednesday, 16 April at 12.30pm
Hip hop is cool. If you can feel the funk and want to get the mood happening then hip hop is the dance for you! Learn cool dance moves and have great fun.

Hotshots Tennis – One session daily at 10.30am
Using mini nets and low compression balls, with an emphasis on fun.

Junior Tennis – One session daily at 9.00am
Coaching for all levels by Head Coach, Steve James, and our well established coaching staff.

Kidstuff – Two sessions per day: 12.30 – 1.45pm and 1.45 – 3.00pm
Arts and crafts — different activities every day.

Laser Skirmish – One session only: Tuesday, 15 April at 12.30pm
An indoor activity, promoting teamwork and leadership skills.
Extra cost: $18.00 per child per session.

Musical Theatre – One session only: Wednesday, 16 April at 1.45pm
Learn a mini musical theatre number with basic dance steps and lyrics. Jazz style dance and a choice of either traditional musical theatre or a current pop song.

Orienteering – One session only: Thursday, 24 April at 12.30pm
Learn how to read a map and use a compass – just like in the Amazing Race!

Rock Climbing – Two sessions only: Monday 14 April at 9.00am and 10.30am
Experience the thrill and exhilaration of our on site climbing wall.

Self Defence – One session only: Monday, 14 April at 1.45pm
Golden Knights Martial Arts Group, SA’s leading provider of self defence, stranger awareness and free style karate.
APPLICATION FORM

Has your child been to this Clinic before? [ ] Yes [ ] No

Child’s name ................................................................. Age: ........................................

Current school .............................................................

Who will collect your child? ...........................................

Please select the week for which you are enrolling:

**Week 1**: 14 – 17 April [ ] 4 days only
**Week 2**: 22 – 24 April [ ] 3 days only

Please tick either the full or half day clinic:

**FULL DAY CLINIC:**

**Week 1**: $240 per week [ ] 4 days only
**Week 2**: $180 per week [ ] 3 days only

Single full day $60 [ ] Date: ....................................................

Total Fee: $ ......................................

**HALF DAY CLINIC:**

**Week 1**: $200 per week [ ] 4 days only
**Week 2**: $150 per week [ ] 3 days only

Single half day $50 [ ] Date: ....................................................

Total Fee: $ ......................................

**LASER SKIRMISH – Prior bookings and payment essential.**

Extra fee: $18 per child

No. of children: ................. Total Fee: .............................................

ALL ENROLMENTS AND PAYMENTS ARE TO BE IN BY THURSDAY 10 APRIL.

PLEASE DO NOT DROP CHILDREN OFF BEFORE 8.30AM.

NO AFTER CLINIC SUPERVISION; CHILDREN MUST BE PICKED UP BY 3.00PM.
**SPORTS — Please circle**

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<th>Half day: maximum 2 sessions</th>
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<td>Wheelie Kids</td>
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**CONTACT DETAILS**

Parent name .................................................................

Email .................................................................

Address ...........................................................................

........................................................................... Postcode ..............

Telephone: .................................................................

☐ I give permission for a member of the College Leadership Team to contact me about my experiences in the Coaching Clinics.

**PAYMENT OPTIONS**

☐ Cash  ☐ Cheque  ☑ Visa  ☐ Mastercard

☐ Credit card:

Card number

.................................................................

Expiry date ______/______

Cardholder’s name .................................................................

Signature .................................................................

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**OFFICE USE ONLY**

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MEDICAL FORM
CONFIDENTIAL INFORMATION

ASTHMA MANAGEMENT
Name of child with asthma and/or allergy:

..................................................................................................

Seek the advice of your child’s doctor, if necessary, when completing this form. Your child’s Care/Action Plan can be attached to this form when returned.

1. List medication and treatment to be used during an emergency asthma attack:

..................................................................................................

2. List any known asthma trigger factor(s) experienced by your child:

..................................................................................................

Has your child been admitted to hospital due to asthma in the past 12 months? YES □ NO □

Doctor’s signature.................................................................

Doctor’s name & contact no.................................................

ALLERGIC REACTION
Seek the advice of your child’s doctor, if necessary, when completing this form. Please attach relevant emergency action plans.

• What is your child allergic to?

..................................................................................................

• What are the signs or symptoms?

..................................................................................................

• Historically, has your child suffered from:

☐ a localized reaction (rash, itching, swelling at site)?

☐ a systemic reaction (rash, itching, swelling away from the site)?

☐ an anaphylactic reaction (severe breathing problem, swelling, emergency situation)?

3. What medication* does your child take (if any) for his/her allergic reaction:

..................................................................................................

* Please supply named medications with directions in a snap lock bag (to be handed in to the Sports Centre office prior to commencing activities).
4. What treatment is followed during an allergic reaction?
..................................................................................................

5. Does your child have an EPIPEN? YES □ NO □
   If yes, please supply pen and care plan for use in the event of an emergency.
   Please attach CARE PLAN to this form.

OTHER CONDITIONS
6. Does your child have any other medical condition? ie: hay fever, ear problems, epilepsy, heart condition, diabetes, or any other condition that may limit his/her activity?
   YES □ NO □
   Please list condition and treatment and supply action/care plan:
   ..................................................................................................
   ..................................................................................................

CONSENT (please read and sign)
I give my permission for the nominated person in charge to administer first aid and supplied medication(s) to my child.
I give permission for Coaching Clinic staff to administer Panadol to my child.

*I acknowledge that, for the safety of all participants, foods containing nuts (or traces of nuts) must not be brought to Seymour Coaching Clinics. For example: Nutella, peanut butter, chocolate products, anything produced on a conveyer belt with traces of nuts.*

Name ........................................................................................
Signature ...................................................................................
Date ..........................................................................................

Alternative emergency contact (2):
...................................................................................................
...................................................................................................
...................................................................................................
...................................................................................................
SOCCER – Daily morning sessions at 9.00am and 10.30am  
Ages: 5 – 14  
A good way to improve your skills for the coming competitions.

TENNIS – Two sessions daily: 12.30pm and 1.30pm  
Ages: 10 – 14  
Head Coach, Steve James, will focus on tennis drills, tactics and developing skills.

WHEELIE KIDS – One session only: Thursday, 17 April at 12.30pm  
Ages: 5 – 14  
Drive and ride a remote control car with an inflatable track.  
**Fully enclosed footwear must be worn.**

ZUMBA TOMIC – One session only: Tuesday, 15 April at 1.45pm  
Ages: 4 – 14  
Fun and fitness especially for kids. Feel the beat and energy of the Zumba Tomic groove.

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**Program**

- Drop off time is between 8.30am and 9.00am. **Please DO NOT drop children off before 8.30am.**
- The day is divided into four sessions:
  1. 9.00am – 10.20am  
     Recess
  2. 10.30am – 12 noon  
     Lunch
  3. 12.30pm – 1.45pm
  4. 1.45pm – 3.00pm
- All groups will receive instruction from qualified and experienced coaches.
- There is a supervised lunch break for those taking full day courses. Participants need to bring their own lunch and snacks.

**Return of Form**

Please send your Application and Medical Forms to:

Seymour Sports Centre  
546 Portrush Road  
Glen Osmond SA 5064

Make cheques payable to: Seymour Sports Centre.  
Payment by cash, cheque or credit card. **Visa, MasterCard, Cash or Cheque. Fees include GST.**

All applications must be accompanied by the full fee and medical form. Credit will be offered for cancellations up to 7 days prior to commencement of each clinic or for sickness.

If your chosen sport is not available, an alternative may be offered.

Please note: each activity has limited places and **prior bookings are recommended** to avoid disappointment.

For further information, please contact:
Glenda Green, Sports Centre Manager on 8303 9030 or ggreen@seymour.sa.edu.au
Seymour College Coaching Clinics
proudly supporting the families at
Ronald McDonald House Adelaide

Portrush Road

SEYMOUR COLLEGE MAIN DRIVE

WOOOTOONA TERRACE

SEYMOUR COLLEGE JUNIOR SCHOOL

OVAL

SPORTS CENTRE

GILLES ROAD

SEYMOUR SPORTS CENTRE
546 Portrush Road
Glen Osmond
Phone: 8303 9030
Fax: 8379 7977