Seymour Sports Centre

Coaching Clinics

October 2014 School Holidays

Week 1: 29 September – 3 October
Week 2: 7 – 10 October (4 DAYS ONLY)

For boys and girls aged 4 – 14
BIKE RIDING
Ages: 4 – 14
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.

BUBBLE SOCCER – One session only: Wednesday, 8 October at 12.30pm Ages: 8 – 14
NEW A brand new concept which offers the unique, unforgettable experience of playing soccer in a bouncing, inflatable suit! Extra cost: $18.00 per child per session.

CHEERLEADING – One session only: Tuesday, 30 September at 12.30pm Ages: 5 – 14
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, 29 September at 12.30pm Ages: 6 – 14
Come and try circus skills, juggling and acrobatics.

DANCEPL3Y – Two sessions only: Thursday, 2 & 9 September at 1.45pm Ages: 4 – 14
NEW High energy mixed dance focused on movement and creative dance.

FENCING – One session only: Tuesday, 30 September at 9.00am Ages: 8 – 14
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 Ages: 4 – 14
Professional coaching for all levels in our fully equipped gymnastics room.

HOTSHOTS TENNIS – One session daily at 10.30am Ages: 4 – 6
Using mini nets and low compression balls, with an emphasis on fun.

JUNIOR TENNIS – One session daily at 9.00am Ages: 7 – 14
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 Ages: 4 – 14
Arts and crafts — different activities every day.

LASER SKIRMISH – One session only: Friday, 10 October at 12.30pm Ages: 8 – 14
An indoor activity, promoting teamwork and leadership skills. Extra cost: $18.00 per child per session.

ORIENTEERING – Two sessions only: Friday, 3 and Tuesday, 7 October at 1.45pm Ages: 6 – 14
Learn how to read a map and use a compass – just like in the Amazing Race!

RHYTHM CONNECT – One session only: Wednesday, 1 October at 12.30pm Ages: 7 – 14
NEW Learn to play and feel the rhythm of Africa. Individual drums provided.

ROCK CLIMBING – Two sessions: Monday 29 September 9.00 – 10.30am and 10.30am – 12.00pm Ages: 7 – 14
Experience the thrill and exhilaration of our on site climbing wall.

SELF DEFENCE – One session only: Tuesday, 7 October at 12.30pm Ages: 5 – 14
Golden Knights Martial Arts Group, SA’s leading provider of self defence, stranger awareness and free style karate.
SOCCER – Two sessions daily: 9.00 – 10.30am and 10.30am – 12.00pm  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: Friday, 3 October 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: Thursday, 2 October at 12.30pm  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.

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**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
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: 29 September – 3 October    [ ]    Week 2 (4 days only): 7 – 10 October    [ ]

Please tick either the full or half day clinic:

FULL DAY CLINIC:

Week 1: $295    [ ]    Week 2: $235    [ ]
Single full day $60    [ ]    Date: .................................................................
Total Fee: $.....................

HALF DAY CLINIC:

Week 1: $245    [ ]    Week 2 (4 days only): $195    [ ]
Single half day $50    [ ]    Date: .................................................................
Total Fee: $.....................

LASER SKIRMISH – Prior bookings and payment essential.
Extra fee: $18 per child
No. of children: .............

BUBBLE SOCCER – Prior bookings and payment essential.
Extra fee: $18 per child
No. of children: .............

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

ALL ENROLMENTS AND PAYMENTS ARE TO BE IN BY FRIDAY, 26 SEPTEMBER.

Please do not drop children off before 8.30am.

NO AFTER CLINIC SUPERVISION: Children MUST be picked up by 3.00pm.
SPORTS – Please circle

Full day: maximum 4 sessions  Half day: maximum 2 sessions

Bike Riding  Fencing  Laser Skirmish  Soccer
Bubble Soccer  Gymnastics  Orienteering  Tennis
Cheerleading  Hotshots Tennis  Rhythm Connect  Wheelie Kids
Cirkidz  Junior Tennis  Rock Climbing  Zumba Tomic
Dancepl3y  Kidstuff  Self Defence

CONTACT DETAILS

Child/children’s name(s) ..........................................................
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 ..................................................................

OFFICE USE ONLY

MON  TUES  WED  THUR  FRI

TUES  WED  THUR  FRI
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 localised 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?

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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):
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Seymour College Coaching Clinics
proudly supporting the families at
Ronald McDonald House Adelaide

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

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