Seymour Sports Centre
Coaching Clinics
April 2015 School Holidays
Week 1: 7–10 April (4 days)
Week 2: 13–17 April
For boys and girls aged 4–14

Strength • Optimism • Justice
Two sessions daily: 9.00–10.30am and 10.30am–12.00 noon and all equipment is provided unless otherwise stated.

ARCHERY TAG Two sessions: Wednesday, 15 April at 9.00am and 10.00am  Ages: 10–14
Now presenting Safe Archery with a new patented foam tipped arrows and easy to use bows, with flying, moving and stationary obstacles and professional instructors. Children must be a minimum of 10 years old.

Ballet Two sessions: Tuesday, 7 and Tuesday, 14 April at 12.30pm  Ages: 4–6
Fundamentals for ballet technique which includes posture, balance and emphasis on symmetry of movement.

BIKE RIDING  Ages: 4–14
Catering for all skill levels. Learn road safety, technique and riding without training wheels. Instructor, Felicity Johnson OA, is a gold medallist Paralympian at London Olympics. Must bring your own bike and helmet. Enclosed footwear must be worn.

BUBBLE SOCCER Two sessions: Wednesday, 8 and Wednesday, 15 April at 12.30pm  Ages: 8–14
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: Wednesday, 15 April at 1.45pm  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, 13 April at 12.30pm  Ages: 6–14
Come and try circus skills, juggling and acrobatics.

CONTEMPORARY DANCE/BALLET One session only: Monday, 13 April at 1.45pm  Ages: 8–14
Expressive dance with elements of ballet.

DANCEPL3Y/HIP HOP Two sessions: Thursday, 9 and Thursday, 16 April at 1.45pm  Ages: 4–14
High energy mixed dance focused on movement and creative dance.

FENCING One session only: Tuesday, 14 April 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 Three sessions daily at 9.00am, 12.30pm and 1.20pm  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: Thursday, 16 April at 12.30pm  Ages: 8–14
An indoor activity, promoting teamwork and leadership skills. Extra cost: $18.00 per child per session.

ROCK CLIMBING Two sessions: Monday 15 December 9.00–10.30am and 10.30am–12.00pm
Experience the thrill and exhilaration of our on site climbing wall. Ages: 7–14

SELF DEFENCE Two sessions: Tuesday, 7 and Tuesday, 14 April at 1.45pm  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.

ULTIMATE FRISBEE Two sessions: Friday, 10 and Friday, 17 April at 1.45pm  
NEW  
Played with a Frisbee disc, this is a fast, fun game. Learn to control the disc and score goals!  
Ages: 8–14

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

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, snacks and drink bottle.

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  
telephone: 8303 9030  
email: 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: 7–10 April (4 days)  □  Week 2: 13–17 April  □

Please tick either the full or half day clinic:

FULL DAY CLINIC:

Week 1: $260 (4 days)  □  Week 2: $320  □

Single full day $65  □ Date: ..............................................................

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

HALF DAY CLINIC:

Week 1: $220 (4 days)  □  Week 2: $270  □

Single half day $55  □ 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: ...........

ARCHERY TAG – 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, 2 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>Full day: maximum 4 sessions</th>
<th>Half day: maximum 2 sessions</th>
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<td>Bike Riding</td>
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### CONTACT DETAILS

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

Parent name/s ........................................................................................................................

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

Card number ........................................................................................................................

Expire date ____/____

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

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

### 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.

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

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 and 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)?

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).
What treatment is followed during an allergic reaction?

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

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

EMERGENCY CONTACT(S)
...................................................................................................................................
...................................................................................................................................

PHOTO PERMISSION CONSENT
Please see page 4 for more information.

☐ I consent to my son/daughter/s being photographed for publications and publicity material of Seymour College and Seymour College’s Coaching Clinics.

☐ I consent to my son/daughter/s being photographed or recorded on video for uploading via social media for promoting Seymour College and Seymour College’s Coaching Clinics.

Name ...........................................................................................................................

Signature ...........................................................................................................................
Permission form for photography, electronic recording and/or publishing.

As part of daily life at Seymour College’s Coaching Clinics, photographs and recordings are taken of the many activities, projects and works in which your child and other children, including those attending the Coaching Clinics, are involved. Photographs are taken for archival purposes, for promoting Seymour College and the Coaching Clinics in publications.

Photographs, videos, audio and/or other recordings are taken for the purpose of building an image and media library to showcase Seymour College and the Coaching Clinics and may be used in marketing and communication initiatives including exhibitions and show displays, printed material, outdoor advertising campaigns, website and e-marketing promotions, the College website, social media and advertisements. All photo shoots are fully supervised by a Seymour College staff member and that at no time are students identified in publicity photographs.

The College respects your privacy and therefore requests your permission to photograph and/or video your son(s) and/or daughter(s) and authored works for possible inclusion in our image library. The image(s) and recordings will remain the property of Seymour College. It will be assumed that your consent is given for an indefinite period of time or until you withdraw your authorisation.

It is important that this consent for publication is informed consent.

The usual reasons for use of student images/recording/work by schools include:

- Recording of student participation in Coaching Clinics events;
- Celebrating student effort and achievement; and
- Promoting the Coaching Clinics and events held by the College.

It should be understood that material published on the web and via social media will be accessible to people worldwide and that the information can be copied and used by any internet user. The College and Coaching Clinics has no control over the subsequent use and disclosure of information on its website or social media once that information is published.

A student’s intellectual property may include, but is not limited to, written work, artwork, photographs, videos, films, choreography, music, performance, recordings, made by them or to which they contributed. It includes, but is not limited to, work created during the course of their enrolment in the Coaching Clinics. These materials may attract copyright.
The College and the Coaching Clinics understand that:

• students generally own the intellectual property rights in the material they create
• any consent is not meant to transfer the students’ ownership
• consent gives the College permission to use the student’s material for the purposes mentioned.

Your permission to the recording, use and disclosure of the individual work is required in accordance with the Copyright Act 1968 (Cth) and the Education (General Provisions) Act 2006. Personal information will be stored securely.

Parents/caregivers and students will be asked to sign this form as part of the enrolments process. The consent will be deemed indefinite until revoked. Should you wish to alter your permission status at any stage, please notify Seymour College Coaching Clinics in writing at ggreen@seymour.sa.edu.au.

**Photo Permission Consent Form**

Please complete one form per student and return to Sports Centre, Seymour College, 546 Portrush Road, Glen Osmond SA 5064 or dance@seymour.sa.edu.au:

- [ ] I consent to my son/daughter/s being photographed for publications and publicity material of Seymour College and the Coaching Clinics.
- [ ] I do not consent to my son/daughter/s being photographed for publications and publicity material of Seymour College and the Coaching Clinics.
- [ ] I consent to my son/daughter/s being photographed or recorded on video for uploading via social media for promoting Seymour College and the Coaching Clinics.
- [ ] I do not consent for my son/daughter/s being photographed or recorded on video for uploading via social media for promoting Seymour College and the Coaching Clinics.

If you have ticked either the first and/or third box above, please sign the following consent.

I, the undersigned person, agree to and provide permission for the photography, video, audio or any other form of electronic recording of me and/or my child, for and on behalf of the Coaching Clinics.

I authorise and consent to the collection, storage, use and reproduction of any image or recording referred to above for the purposes of publishing materials related to the activities, programs and services of the Coaching Clinics without acknowledgment and without being entitled to remuneration or compensation.
I grant permission to the Coaching Clinics to distribute, communicate to the public, publicly perform or display, modify, adapt, translate, upload, download in any form or manner, and incorporate any photograph/recording into other materials or works in any format or medium for any non-commercial purpose.

I also provide permission to Seymour College and the Coaching Clinics to archive my child’s authored work(s), make copies of and/or publish the authored work in any form, in whole or in part. I understand that my child holds the intellectual property rights of work photographed/recorded, but grant Seymour College and the Coaching Clinics license to use them at no cost.

I understand that the image/recording may appear in print, electronic, or video media, and may be available to a global audience through the Internet. Images/recordings may also be provided to government departments for use in related publications.

I acknowledge that ownership of any image/recording will be retained by Seymour College and the Coaching Clinics and that this consent is for an indefinite period of time. I also acknowledge that this consent form revokes and replaces all previous photography consent forms.

If published, reproduced and communicated, I acknowledge that for privacy purposes my work may be identified using the title of the work, my first name only, my year level and school.

I understand and agree that I can withdraw my consent at any time but I must do so in writing to the Sports Centre, Seymour College, 546 Portrush Road, Glen Osmond SA 5064 or ggreen@seymour.sa.edu.au.

This consent form must be signed by the parent/caregiver.

To assist us in our planning, please return this form to the Coaching Clinics as soon as possible.

Name of student: ..................................................................................................................

Your name: .......................................................................................................................  

Signature: .......................................................................................................................  

Date: .............................................................................................................................
Seymour College Coaching Clinics
Collection of Information Notice

Seymour College Coaching Clinics collects personal information, including sensitive information, about students and parents/guardians and others.

The information collected by Seymour College about students and parents may be collected before, during or after the student is enrolled in the Coaching Clinics.

The primary purpose of collecting this information is to enable the Coaching Clinics to provide dance leisure services for the student or prospective student. If we are unable to obtain the required information in relation to prospective students, an enrolment may not be able to proceed.

Information may be collected in various forms and may be provided to the Coaching Clinics by third parties such as medical practitioners or other health professionals or other dance schools or government authorities.

The Coaching Clinics may also use or disclose personal information for any other purposes for which it has received consent from the person to whom the personal information relates or otherwise as permitted by legislation.

In relation to personal information which is “sensitive information”, the Coaching Clinics will not use or disclose that information for a purpose other than a primary purpose for which it has been collected unless:

- The Coaching Clinics has the consent of the individual to whom the information relates to disclose or use the information for some other purpose;
- The secondary purpose is directly related to the primary purpose of collection and the individual would reasonably expect Seymour College to use or disclose that information for the secondary purpose; or otherwise as permitted by legislation.

The Coaching Clinics may disclose personal information, including sensitive information for administrative and educational purposes.

The Coaching Clinics will not send personal information overseas about an individual outside of Australia without obtaining the consent of the individual or otherwise complying with privacy laws.

For further information please read our Privacy Policy on our website at www.seymour.sa.edu.au

We will provide a hard copy of our Privacy Policy on request.