



OZTAG/LEAGUE TAG CLINIC

Collegians Sports Centre, 147 The Avenue, Figtree

Tues 17th April 2018	9.30am—2pm	Oztag Clinic (6-17yrs) No Shirt Required	\$75 \$65	<input type="checkbox"/> <input type="checkbox"/>
Wed 18th April, 2018	9.30am—2pm	Oztag Clinic (6-17yrs) No Shirt Required	\$75 \$65	<input type="checkbox"/> <input type="checkbox"/>
BOTH DAYS—17th & 18th	9.30am—2pm	Oztag Clinic (6-17yrs) No Shirt Required	\$125 \$115	<input type="checkbox"/> <input type="checkbox"/>

Shirt & Morning Tea provided. Please pack your own lunch.

Participant Name: _____

DOB: _____ M/F: _____

Address: _____

Phone: _____ Shirt Size (Circle): 6 \ 8 \ 10 \ 12 \ 14 \ 16 \ S \ M \ L \ XL

Parent/Guardian (please circle) Consent to Participate/Photography:

I _____ give permission for my child: _____

to participate in this clinic. I acknowledge that there are some serious risks involved in sporting clinics such as these and should an injury occur to myself or my child I shall not hold Titan Sports Academy liable for any injury occurred. My child will be participating in this clinic at their own risk. I also acknowledge that within the clinics organised by Titan Sports Academy that photographs and/or video may be taken and I give them the rights to use these images for future promotion of their clinics in brochures or via websites or social media such as (but not limited to) Instagram and Facebook:

Parents Name: _____ Phone: _____

Parents Email: _____

Signed: _____ Date: _____

Payment/Registration Details:

I attach cash payment of \$ _____; OR

I have transferred the sum of \$ _____, into DMR SPORTS PTY LIMITED,

BSB: **082-916** ACCOUNT: **74-626-3202**; Reference: _____ Date Banked: _____

PLEASE NOTE: A \$25 administration fee will be retained for any cancellations or non-attendances.

Email Completed Registrations to: admin@titansm.com.au or

Post to Titan Sports Academy, PO Box 365, Figtree, NSW 2525. Phone: 02-8960 6313

OFFICE USE:

Amount:

Date:

Receipt/Type:

Initials: