

Goalkeeping Clinic 2019

Davin Astro Turf, Windhoek High School

28 Feb 2019, 14:00 – 17:00

Please complete one form per coach/goalkeeper

FIRST NAME:		SURNAME:	
AGE:	CURRENT LEVEL/TEAM(eg u/16A; Club 2 nd);		
SCHOOL/CLUB NAME:			
PARTICIPANT CELL: +264		PARTICIPANT EMAIL:	
PERSON RESPONSIBLE FOR PAYMENT (PRP) NAME: (If different to above)			
PRP CELL: +264 (If different to above)		PRP EMAIL: (If different to above)	

Select in which capacity (✓) and which clinic (✓) you will attend:

GOALKEEPER – R1'000-00 exVAT:	COACH – R400-00 exVAT:
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All participating coaches will receive a Special Edition Mercian Hockey ProFlex Cap

Email to info@mercianhockey.co.za. A space will be provisionally reserved and you will receive a Pro-Forma Invoice. Upon proof of payment to above email your participation will be confirmed. Clinics have a limited capacity and confirmation of participation is only issued upon proof of payment. *For queries call Sue-Anne +27 83 278 9399.*

Spaces are limited and will be allocated strictly on a first-come-first serve basis!

Indemnity & Waiver:

By signing this registration form I declare that I am in an appropriate physical condition to participate in the GKC 2019 and assume all risks associated with participation during and after the clinic. I understand that the clinic coaches and organisers (including the owners, employees and representatives of Mercian Hockey and hosting schools) provide no warranties regarding my wellbeing and safety. I acknowledge and agree that Mercian Hockey and all other parties associated with the GKC 2019 have no liability to me whatsoever for any direct or indirect loss or injury sustained during or in any way related to my participation in the clinic. In the event of any "act of God" conditions causing a last minute cancellation of a clinic, I agree that my participation fee is not refundable; however, Mercian Hockey will make every endeavour to transfer my participation to another 2019 clinic where possible. I authorise the use of my name, voice and any pictures taken by Mercian Hockey during the clinic in any promotion and advertising including, but not limited to, social media platforms without payment to me or any other form of compensation. **I also acknowledge and agree that any digital or video recording of the clinic or any part thereof is strictly prohibited.**

Dated and signed at _____ on this _____ day of _____ 20 _____
PLACE MONTH

As Participant:

_____	_____	_____
FULL NAME	ID	SIGNATURE

As Parent/Legal Guardian (if under 18):

_____	_____	_____
FULL NAME	ID	SIGNATURE