

Goalkeeping Clinic 2019

Registration Form

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:		PARTICIPANT EMAIL:	
PERSON RESPONSIBLE FOR PAYMENT (PRP) NAME: (If different to above)			
PRP CELL: (If different to above)		PRP EMAIL: (If different to above)	

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

GOALKEEPER:	COACH:
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All participating coaches will receive a Special Edition Mercian Hockey ProFlex Cap

Friday, 1 March 2019	18:00 - 21:00	King Edward VII School, Houghton, JOHANNESBURG (High Level/Advanced Keepers and Coaches only)	
Saturday, 2 March 2019	09:00 – 12:00	The Hockey Farm, WITBANK	
Monday, 4 March 2019	15:00 – 18:00	Pietermaritzburg Girls' High School, PIETERMARITZBURG	
Tuesday, 5 March 2019	15:00 – 18:00	Reddam House, UMHLANGA ROCKS	
Thursday, 7 March 2019	16:00 – 19:00	SACS High School, Newlands, CAPE TOWN	
Friday, 8 March 2019	16:00 – 19:00	Somerset College, SOMERSET WEST	
Sunday, 10 March 2019	12:00 – 15:00	Curro Mossel Bay High School, MOSSEL BAY	
Monday, 11 March 2019	15:30 – 18:30	Selborne College, EAST LONDON	
Tuesday, 12 March 2019	16:00 – 19:00	Parktown High School for Girls, Parkview, JOHANNESBURG	

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

Price Options – select appropriate (✓):

Standard Price - First Time Participants:

GOALKEEPER:	R900-00	
COACH:	R380-00	

Standard Price - Second/Third Time Participants:

GOALKEEPER:	R850-00	
COACH:	R350-00	

NB: If you have attended a Simon Mason Goalkeeping Clinic please indicate which year (✓) and venue you attended:

2016:	VENUE:
2017:	VENUE:
2018:	VENUE:

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 083 278 9399.

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