

Goalkeeping Clinic 2018

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)						
		RP EMAIL: f different to above)				

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

GOALKEEPER:	COACH:

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

Tuesday, 13 March 2018	18:00 – 21:00	King Edward VII School, Houghton, JOHANNESBURG	
Thursday, 15 March 2018	15:00 – 18:00	Diocesan School for Girls, GRAHAMSTOWN	
Friday, 16 March 2018	15:00 - 18:00	Collegiate Girls High School, PORT ELIZABETH	
Monday, 19 March 2018	17:30 – 20:30	Paarl Girls' High School, Paarl, CAPE TOWN	
Tuesday, 20 March 2018	17:30 – 20:30	SACS High School, Newlands, CAPE TOWN	
Wednesday, 21 March 2018	08:00 - 11:00	Parel Vallei High School, Somerset West, CAPE TOWN	
Thursday, 22 March 2018	15:00 – 18:00	Maritzburg College, PIETERMARITZBURG	
Friday, 23 March 2018	15:00 – 18:00	Northwood School, DURBAN NORTH	
Monday, 26 March 2018	18:00 – 21:00	Cornwall Hill College, Irene, PRETORIA	
Tuesday, 27 March 2018	15:00 – 18:00	Krugersdorp High School, KRUGERSDORP	

Early Bird Pricing (effective 18 January – 9 February 2018):

Payment must be made and proof sent by 9 February 2018 otherwise invoice will be reissued at applicable standard price as per below on 10 February with immediate effect.

EARLY BIRD GK:	R770-00								
EARLY BIRD COACH:	R300-00								
Standard Price - First Time Participants:									
GOALKEEPER:	R850-00								
COACH:	R350-00								
Standard Price - Sec	Standard Price - Second/Third Time Participants:								
GOALKEEPER:	R800-00								
COACH:	R330-00								
If you are attending a Simon Mason Goalkeeping Clinic for $2^{nd}/3^{rd}$ time please indicate which year(s) and venue(s) you have previously attended:									
YEAR(S):		VENUE(S):							
Email to info@mercianhockey.co.za. A space will be provisionally reserved and you will receive an 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 2018 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 2018 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 2018 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	PLAC	Œ	on this _	day of	20				
As Participant:									
FULL NAME			ID		SIGNATURE				
As Parent/Legal Guardian (if under 18):								
FULL NAME			ID		SIGNATURE				