



CAPALABA BULLDOGS BRISBANE ROAR CLINIC



Get into this holiday's Brisbane Roar Holiday Clinic. Loads of fun with your friends and football team! Take a holiday with the **ROAR** and your mates... Get out of the house and have some fun ... Come and learn some skills with the **ROAR**... and play the best game in the world! **FOOTBALL!!!**

The Holiday program includes:

- ⊙ 5 HOURS OF COACHING FROM BRISBANE ROAR
- ⊙ MINI WORLD CUP TOURNAMENT
- ⊙ ROAR RAPID FIRE INFLATABLE FIELDS
- ⊙ EACH CHILD RECEIVES A ROAR SUPPORTERS PACK

**FOR ENQUIRIES CONTACT
ROZANNE BURLEY**
Phone: 0448 136 986 or
rap@brisbaneroar.com.au

**VENUE: CAPALABA BULLDOGS FC
JOHN FREDERICKS PARK, OLD
CLEVELAND RD, CAPALABA**

DON'T FORGET TO BRING

- Snack/Lunch/Water Bottle
- Sunscreen/Hat
- Soccer Gear
- Your Soccer Ball

DATES: MONDAY 28TH OF JUNE

AGES: 6 – 14 YEARS

COST: \$85 per child, 2 or more children from same family discounted. 2 kids \$160, 3 kids \$245

TIMES: 9 AM – 2 30PM (Lunch 11 30am – 12pm)

Applications strictly LIMITED, book early
CAPALABA JUNE/JULY HOLIDAY CLINIC REGISTRATION

All forms must be returned to Roar:
Fax: 07 3009 0516
Email: rap@brisbaneroar.com.au
Post: Brisbane Roar FC
Locked Bag 10
KELVIN GROVE BC 4059

Your Child's Details

Full Name: _____ Date Of Birth: _____

Address: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Emergency Contact Name and Number: _____ E-mail: _____

Medical Condition: YES / NO If YES, please indicate the condition: _____

AGE OF CHILD: _____

Payment Details

Credit Card

Card Type (Bankcard/Mastercard/Visa): _____ Card No: ____ / ____ / ____ / ____

Expiry Date: __ / __ Cardholder Name: _____

Signature of Cardholder: _____ Amount: \$ _____

Cheque (please make payable to Brisbane Roar FC) attach to this rego form Cheque No: _____ \$ _____

Parent/Guardian Disclaimer

*I certify that my child enrolled hereon is in excellent health and may participate in strenuous physical activities including soccer. I agree to defend and hold Brisbane Roar FC, its servants, agents and/or employees and contractors harmless from any and all claims for injuries that may be sustained by my child during his or her participation in the camp. Permission is hereby granted to Brisbane Roar FC to use pictures of the players in any promotional materials. Permission is granted for my child to receive emergency medical treatment, if needed, and I certify that there are no limits to my child's participation except as stated in writing and included with this application. **

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

* The Parent/Guardian signing this form understands that personal accident insurance is their responsibility.