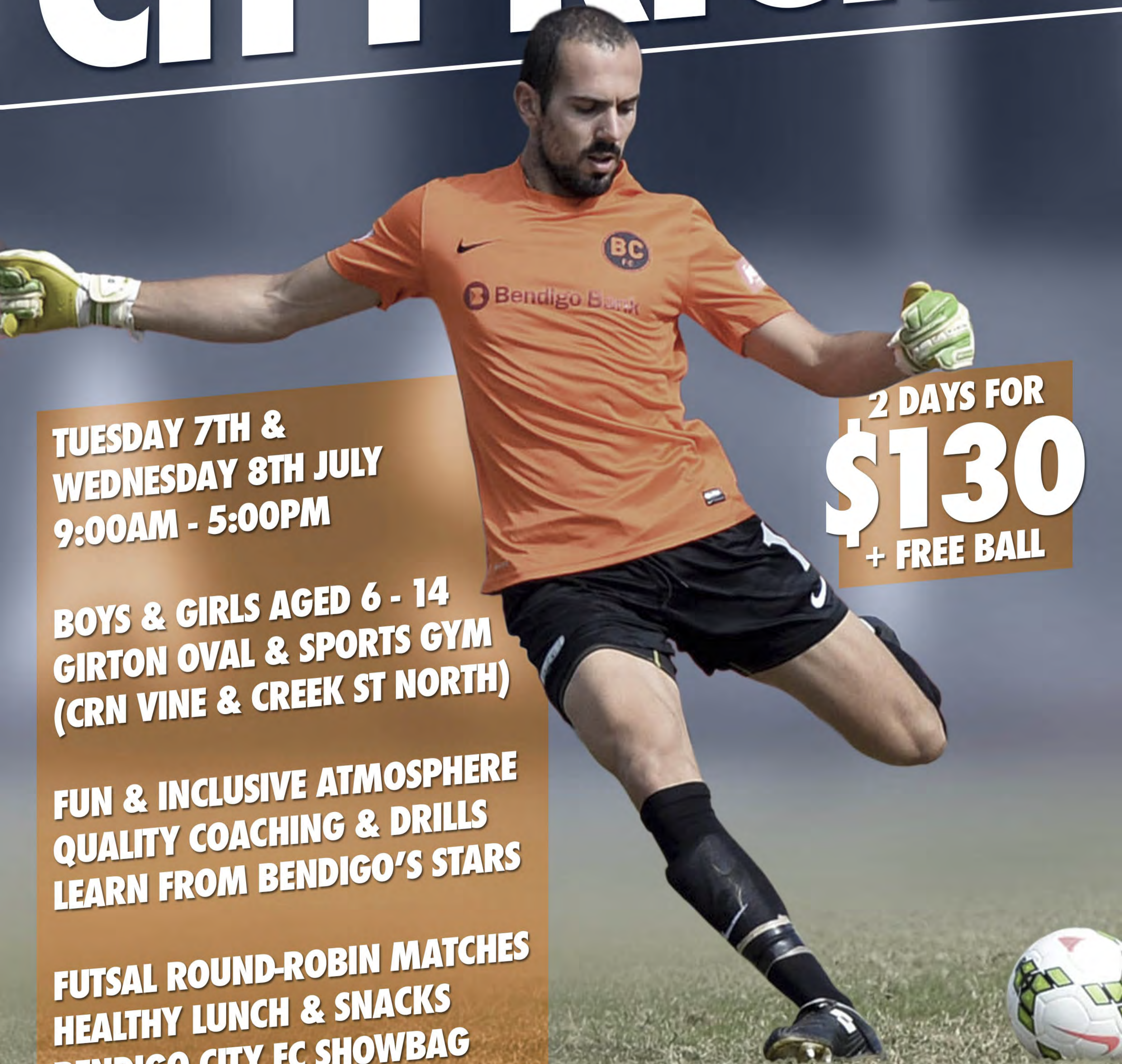




# SCHOOL HOLIDAY CLINIC

# CITY KICKS



**TUESDAY 7TH &  
WEDNESDAY 8TH JULY  
9:00AM - 5:00PM**

**BOYS & GIRLS AGED 6 - 14  
GIRTON OVAL & SPORTS GYM  
(CRN VINE & CREEK ST NORTH)**

**FUN & INCLUSIVE ATMOSPHERE  
QUALITY COACHING & DRILLS  
LEARN FROM BENDIGO'S STARS**

**FUTSAL ROUND-ROBIN MATCHES  
HEALTHY LUNCH & SNACKS  
BENDIGO CITY FC SHOWBAG**

**2 DAYS FOR  
\$130  
+ FREE BALL**

## PARENT / GUARDIAN DETAILS

Full Name:

Address:

Suburb:

Postcode:

Email:

Phone (Home):

Phone (Mobile):

How did you hear about City Kicks?

## CHILD 1

Full Name:

D.O.B: \_\_\_ / \_\_\_ / \_\_\_

Gender:  Female  Male

School:

Football Club:

Medical Conditions: (Attach details if any)

Emergency Contact:

## CHILD 2

Full Name:

D.O.B: \_\_\_ / \_\_\_ / \_\_\_

Gender:  Female  Male

School:

Football Club:

Medical Conditions: (Attach details if any)

Emergency Contact:

## CLINIC DAYS

**2 Days - includes free BCFC football**

BCFC Members - \$110  Public - \$130

**Single Day**

Day 1 - \$65  Day 2 - \$65

**2 Days - includes free BCFC football**

BCFC Members - \$110  Public - \$130

**Single Day**

Day 1 - \$65  Day 2 - \$65

## PAYMENT - to be made prior to Clinic

**EFT Payment**

BSB: 633-000 Acount: 153 492 491

Reference: **Include CK and child's surname**

Date of Payment:

**Cheque**

Payable to Bendigo City Football Club

(PO Box 7 Bendigo Central VIC 3552)

You agree not to bring any claim or proceeding against Bendigo City FC, their sponsors, their employees, and volunteers of the event for any damage, loss, injury or liability you or your Child may suffer from participating in the event, within reason.

You acknowledge that Bendigo City FC may use pictures/video of your Child in publicity and advertising material (children's names are not used in conjunction with images) and that Bendigo City FC owns copyright and all associated rights in these pictures/videos.

Please tick the box if you do not want to be contacted by Bendigo City FC with further information on the club's activities.

## PARENT / GUARDIAN SIGNATURE

I, \_\_\_\_\_ (Print Name) am the Parent / Guardian of the named Child.

I have read this document and understand its contents, including the exclusion of liability and assumptions of risk, and consent to my Child attending/participating in the Event.

Signature:

Date: \_\_\_ / \_\_\_ / \_\_\_

Please send completed registration form to [admin@bendigocityfc.com.au](mailto:admin@bendigocityfc.com.au)