



JOIN THE 2017



Term 3 - Years 5 & 6

Southland Shooters' is a development programme for all girls and boys from years 1 - 8 who are keen to experience basketball in the region. The programme is run all year round, each term focusing on a different age group.

Year 5 and 6 Sessions run for 1 hour. The first half of the session focuses on key skills and the second half is a full court basketball game. Sessions are facilitated by SBA Development Officer, Dan Peck, along with other SBA coaches. Daily awards are given out for outstanding achievement and individual ability is catered for wherever possible. Coaches are encouraged to watch and assist.

Term 3 Dates:

Years 5 & 6:

6 sessions on the following Mondays 5:00 - 6:00pm at ILT Stadium Southland:

Monday July 31

Monday August 7

Monday August 14

Monday August 21

Monday August 28

Monday September 4

Singlet:

All players are required to have a Southland Shooters' reversible basketball singlet at trainings. If you already have one from previous programmes, then your registration fee will be at a discounted cost.

Register by July 20 to ensure that your singlet will arrive by the first session.



Term 2 Cost:

With singlet: \$75

Without singlet: \$50 (if you already have a Southland Shooters singlet).

Fee is to be paid prior to the first session. Internet banking is preferable (details below).

Registration: (Spaces are limited)

Please send registration form along with fee to:

dan@basketballsouthland.co.nz

Internet banking details: 03-1750-0494294-00 (Childs name in Reference, "Shooters" in Code)

Or cash/cheque to:

Southland Basketball Association, Stadium Southland

PO Box 224, Invercargill 9840



SOUTHLAND SHOOTERS' REGISTRATION FORM

CHILD'S INFORMATION									
NAME									
DOB	AGE		GENDER		Male / Female				
ADDRESS									
PHONE			SCHOOL						
SCHOOL YEAR (2017)	5 <input type="checkbox"/>	6 <input type="checkbox"/>	SINGLET SIZE Kids (6 – 14) or Adults (S – 2XL)	6 <input type="checkbox"/>	8 <input type="checkbox"/>	10 <input type="checkbox"/>	12 <input type="checkbox"/>	14 <input type="checkbox"/>	No Singlet <input type="checkbox"/>
				S <input type="checkbox"/>	M <input type="checkbox"/>	L <input type="checkbox"/>	XL <input type="checkbox"/>	2XL <input type="checkbox"/>	

PARENT / CAREGIVER INFORMATION			
NAME			
ADDRESS			
PHONE	MOBILE	WORK	
EMAIL			
RELATIONSHIP	<input type="checkbox"/> Parent	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Other (please specify)

THOSE AUTHORISED TO COLLECT CHILD / EMERGENCY CONTACT			
NAME			
ADDRESS			
PHONE	MOBILE	WORK	
EMAIL			
RELATIONSHIP	<input type="checkbox"/> Parent	<input type="checkbox"/> Caregiver	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> My child/children will be advised that they are NOT to leave Stadium Southland unless in the care of an authorised person e.g. parent/caregiver		<input type="checkbox"/> I give my permission for my child(ren) to leave the stadium unaccompanied after the clinic has been completed on each day	

HEALTH INFORMATION
<p>Please list any medication your child requires and any allergies, illnesses or special needs your child has. If staff are required to administer medication please attach details to the enrolment form. If it requires some explaining then please come in on a day prior to the programme to explain the procedure to our staff.</p>

The following information must be completed by the above child's parent/caregiver:

I agree to Southland Basketball collecting personal information. I have been advised that the information I provide will be used for: Player records, accounting purposes, seeking parent/guardian assistance with Southland Basketball activities. Photographs may be taken of coaching sessions and used on the Southland Basketball website and other promotional material.

I accept that this information may later be used for statistical purposes and agree to its use for that purpose, provided that if the information is published in any way it will not identify me or the individual concerned. I understand that the information that I provide will be held at the office of Southland Basketball. I am aware of the rights to access to correction of this information.

I give my child permission to participate in this programme and I understand that my child participates at their own risk.

SIGNED Parent / Guardian