

2009 MULTI-EVENT SUPER CLINIC



NOVEMBER 14th & 15th, 2009
Hosted by Shoalhaven LAC

Why Should I Be Involved?

- ⚙ **Prepare for the LAANSW State Multi-Event Championship with 2 fantastic days of coaching held at the 2009/10 Championship venue**
- ⚙ **7 specialised athletic coaching sessions, with nationally accredited coaches.**
- ⚙ **All Little Athletics Multi Championship events covered as well as high jump!**
- ⚙ **Athletes rotate between all events.**
- ⚙ **Coaches include current & previous LAANSW State Team Coaches.**
- ⚙ **Meet lots of friends & have a fun day being active and *"giving it a go"*.**

⚙ ***"early bird"* price of \$75**

- Final closing date for applications is Friday, November 6, 2009.
- Register online at www.laansw.com.au or complete the attached application form and post with cheque/money order (made payable to LAANSW) to Little Athletics NSW.
- Numbers are limited so early applications are advised. A clinic may not proceed if a minimum of 30 athletes do not register.
- Open to registered Little Athletes in the U9-U17 age groups, of any ability, who just want to "give it a go" and have fun.
- Parents are responsible for informing the coaches of any recent / current injury or illness that may affect the participants involvement. On the application form, please make note of any medical conditions, including asthma.
- Participants are required to have an adult that is contactable at **ALL** times, in case the clinic is finishes early or cancelled during the day due to poor weather.
- In the event of wet weather, clinics may be cancelled. If in doubt please contact the clinic coordinator.
- Parents are invited to stay, watch and learn, whilst coaching sessions are in progress.



What to Bring

- Two drink bottles full of water.
- Suitable footwear (joggers).
- Food / snacks (please avoid nut products).
- Appropriate clothing (singlets should be avoided due to sunburn).
- Sunscreen / hat.

Register Online at www.laansw.com.au

2009 MULTI-EVENT SUPER CLINIC



When Is It?

Saturday 14 & Sunday 15, November, 2009

Where Is It?

Shoalhaven Little Athletics Centre
Ron Brown Sporting Complex,
Shoalhaven High School, Park Rd, NOWRA

Who can attend?

Any LAANSW registered athlete, of any ability, aged U9 to U17 years for the 2009/2010 season.

Athletes must be at least in the U9 age group (or older) to participate.

What is the closing date?

5pm close of business, Friday, November 6, 2009

Accommodation & Transport:

Parents are responsible for accommodation and transport of athletes to and from the venue.

Can I buy food?

Participants will be responsible for bringing their own food for break times and lunch, as this will not be provided.

Shoalhaven LAC will provide a lunch order service.

Athletes **will not be permitted** to leave the site to collect / buy food.

What events will be coached?

This clinic will reflect all events contested at the LAANSW State Multi-Event Championships. Seven compulsory specialised coaching sessions will take place. The events to be coached will be: sprints, hurdles, shot put, discus, middle distance, long jump & high jump.

This clinic includes high jump (even though its not an event at the LAANSW Multi-Event Championship) as this event is a common event for heptathlons and decathlons.

DAY 1

9.00am
9.15am
9.30am
10.30am
11.00am
12.00m
1.00pm
2.00pm
2.30pm
3.30pm

SATURDAY, NOVEMBER 14, 2009

Athlete registration
Introduction / Welcome
Coaching Session 1
Morning Tea
Coaching Session 2
Lunch
Coaching Session 3
Break
Coaching Session 4
Day 1 concludes. Group Meeting and **parent pick up.** Departure

DAY 2

9.00am
9.15am
9.30am
10.30am
11.00am
12.00pm
1.00pm
2.20pm
2.45pm

SUNDAY, NOVEMBER 15, 2009

Athlete registration
Introduction / Welcome
Coaching Session 5
Morning Tea
Coaching Session 6
Lunch
Coaching Session 7
Final group meeting / presentation
Departure

PLEASE NOTE:

- In the event of wet weather, the clinic may be cancelled. If in doubt please contact the clinic the coordinator.
- A \$40 administration fee is payable for any athlete withdrawal. **No refund of monies will be issued for athlete withdrawal after the closing date.**
- Should the clinic or part thereof not proceed (eg wet weather), a pro rata refund will be issued.

To secure a position

Register Online at www.laansw.com.au

or

Complete attached application form and send with full payment to Little Athletics NSW.

COST: 'early bird' - **Just \$75** if application / online registration and full payment is received **by 5pm, Friday, October 30, 2009**
\$85 payable after this date

For further information contact:

Little Athletics Association of NSW

Phone: 9633 4511 / 1800 451 295 **Fax:** 9633 2821

Email: info@laansw.com.au

Website: www.laansw.com.au

Clinic Coordinator: Alvin Umadhay 9633 4511 / 1800 451 295 or 0417 686 050

2009 Multi-Event Super Clinic Registration Form



Complete registration form and send with full payment to:
Little Athletics Association of NSW Inc.
Locked Bag 85, PARRAMATTA NSW 2124 or fax to 9633 2821

Child's Name: _____
Address: _____ Post Code: _____
Phone Numbers: Home: _____ Mobile: _____
DOB: _____ Age: _____ Boy/Girl _____ Centre: _____
Email Address: _____

Emergency contact person: _____ Relationship: _____
Phone Numbers: Home: _____ Mobile: _____

By providing the personal information of my child, I:

- Agree to LAANSW keeping personal information on file in accordance with the LAANSW Privacy Policy. I acknowledge that I will review the LAANSW Privacy Policy contained in the LAANSW Handbook or on the website www.littleathletics.com.au
- Agree to my child/ren being photographed / videoed. Such photos / video can be used for training purposes; official LAANSW / ALA publications (including LAANSW / ALA sponsor publications and websites).
- Declare that I have read and understood all the above and the information provided by me is true and correct.

Parent/Guardian _____
Print Name Signature Date

Medical Information

Does your child have any medical or health conditions / allergies / disabilities or are they recovering from a recent injury that may affect their participation? (If there is not enough space please add a note with this form.)

I understand that although the LAANSW and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. In the event of sickness or accident, if considered advisable, I request that qualified medical attention be secured at my expense for my child.

I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken. I release and hereby indemnify LAANSW, its officers, servants, agents and service providers from and against damages, claims or demands in respect thereof.

Parent/Guardian _____
Print Name Signature Date

Payment Details

Please tick the clinic you wish to attend and complete the payment details

- ☐ **Option 1 – 'Early Bird' - Just \$75** Application / online registration and full payment must be received by 5pm, Friday, 30th October, 2009.
- ☐ **Option 2 – \$85** If application / online registration and full payment is received after **Friday, 30th October, 2009.** (Closing date Friday, November 6, 2009)
- ☐ I have enclosed a cheque ☐ , money order ☐ , or debit my credit card the amount of \$ _____
- Bankcard ☐ MasterCard ☐ Visa ☐

Expiry Date ____/____/____ Signature: _____

Cardholders Name: _____